



**FREE TO FEEL THERAPEUTIC SERVICES, PLLC
SUPERVISION INFORMED CONSENT**

Date of Implementation: _____ Plan Due for Review: _____

PURPOSE OF AGREEMENT

By signing this agreement, we agree to enter into a clinical supervision experience together and have discussed a number of issues that provide a context for the experience. The purpose of this agreement is to outline those issues and to serve as a resource for working together.

PURPOSE, GOALS, AND OBJECTIVES OF SUPERVISION

- a. Monitor and ensure welfare of clients seen by Supervisee
- b. Promote development of Supervisee's professional identity & competence
- c. Fulfill requirements of licensing board and/or requirements of Minnesota DHS

METHOD OF EVALUATION

Supervisor will provide oral feedback during each meeting. Written feedback will be provided on a case-by-case basis and determined by supervisee and external need but will occur at a minimum of once per calendar year.

DUTIES AND RESPONSIBILITIES

Supervisor

- a. Promote professional knowledge, skills, and values development
- b. Model ethical standards of practice & ensure guidelines are being upheld by Supervisee
- c. Promote cultural competency
- d. Monitor, evaluate, and document the supervisee's performance of assessment, treatment planning & service delivery
- e. Keep record of all supervision sessions via chosen Electronic Health Records System (no client data will be maintained)
- f. Provide Supervisee with feedback
- g. Intervene when client welfare is at risk
- h. Provide a plan and be available for crisis situations
- i. Accept professional liability for supervisee's direction of a client's mental health services and maintain professional liability insurance.
- j. Complete all required and necessary forms for the supervisees board.

Supervisee

- a. Make professional goals
- b. Uphold ethical guidelines & professional standards

- c. Complete all clinical documentation in a timely manner, according to agency standards
- d. Maintain all consultation notes and store client-specific notes in the specified client's file
- e. Track supervision hours and ensure compliance with licensing board's requirements
- f. Notify supervisor if crisis situation occurs or mandated report is made
- g. Make payment for supervision at the time of service (if applicable - see payment agreement)

CONSENT AND CONFIDENTIALITY:

Clinical licensure supervision is considered confidential unless there are urgent concerns that would warrant disclosure of information such as mandated reporting. Verbal informed consent must be obtained from clients who will be reviewed in our supervision sessions. You are required to notify clients that you are receiving supervision and provide clients with your supervisor's credentials. It is the supervisee's responsibility to notify clients and gain informed consent.

All client information and data will be handled with the utmost care and confidentiality in accordance with HIPAA laws and the code of ethics specific to my professional license.

Regarding the confidentiality of our supervisory relationship, I will not disclose our agreement to work together to anyone else. However, you are welcome to disclose our supervisory relationship to anyone you would like.

Similarly, in an effort to protect and respect your privacy, I do not engage or connect with supervisees through social media, with the exception of LinkedIn.

SUPERVISOR'S SCOPE OF COMPETENCE

Supervisor has 10 years of practice experience working with a variety of populations but specializing in adoption/foster care, early childhood, therapy with children, and family therapy. Supervisor has advanced certifications in Permanency and Adoption Competence, Child Parent Psychotherapy, and Infant Mental Health. Supervisor has been trained as a reflective supervisor and continues to receive ongoing reflective consultation/supervision training. Supervisor has been a licensed supervisor for 5-6 years (depending on the board) and is licensed to provide supervision for the Board of Social Work and the Board and Behavioral Health and Therapy. Supervisor continues to practice and this stays current on best practices, evidenced based practices, and compliance concerns.

ATTENDANCE POLICY

Attendance at all sessions is mandatory. The supervisee must notify supervisor at least 24 hours prior to supervision if needing to cancel or reschedule. If less than 24 hour notice or no-show to supervision will result in charge of the full fee. Additionally, three late-cancels or no-shows will result in discharge from supervision

PAYMENT

Payment for provision of supervision is due at the time of service. Rates can be found within the individual supervision contract. Supervisees are not permitted to carry a balance unless previous written arrangements have been made.

TERMS OF THE CONTRACT

This contract/informed consent is subject to revision at any time, upon the request of either the Supervisor or Supervisee. Revisions will be made only with the consent of both parties.

We agree, to the best of our ability, to uphold the directives specified in this supervision contract and to conduct ourselves professionally according to the ethical principles of our professional organization. If either party fails to uphold the contract, the supervisory relationship will end.

Your signature below acknowledges that we both agree with the content of this plan and that any changes to it will be reflected in a revised and signed document.

Supervisee Signature

Date

Supervisor Signature

Date