

Contract for Clinical Supervision

This contract is a binding agreement between the below parties for Clinical Supervision:

Supervisee Name:

Supervisee Credentials:

Supervisee Phone:

Supervisee email:

Supervisor Name:

Supervisor Credentials:

Supervisor Phone:

Supervisor Email:

Overview of Services

Clinical Supervision will be held (Check all that apply):

Virtually In Person Combination of Virtual and In-Person

Method (Check all that apply): Individual Triatic Group

Schedule of Supervision: Weekly Monthly Other: _____

The total number of hours needed by the Supervisee is _____.

The fees for Clinical Supervision are as follows: \$_____ per _____.

Supervision will be provided at the following address or a location as agreed upon at least 24 hours prior to meeting.

Address of Clinical Supervision: _____

Schedule of Clinical Supervision: _____

The address and schedule of Clinical Supervision may be adjusted depending on the needs of Clinical Supervisor and Supervisee and should be communicated at least 24 hours in advance.

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Clinical Supervision is an essential and integral part of the training and continuing education required for the skillful development of professional social workers. Supervision protects clients, supports practitioners, and ensures that professional standards and quality services are delivered by competent social workers. There are responsibilities that must be upheld by both the Supervisor and Supervisee.

Responsibilities of Supervisor

The responsibility of the Clinical Supervisor is to utilize their scope of practice to ensure that the supervisee provides competent, appropriate, and ethical services to the client and conducts themselves in a professional manner.

This Clinical Supervisor certifies that as of the date of this contract the Supervisor is legally able to provide Clinical Supervision services within the state of services and is in good standing with the state board. The Clinical Supervisor shall ensure that the extent, type, and quality of services performed is consistent with Supervisee's training, education, and experience and is appropriate in extent, type, and quality. Supervisor agrees to take supervisory responsibility for the services provided by Supervisee. The Clinical Supervisor agrees to attend every Clinical Supervision meeting as scheduled. If a cancellation or rescheduling is needed, the Clinical Supervisor will provide at least a 24 hour notice to supervisee at the contact information listed on page 1.

If the Clinical Supervisor will be unable to provide clinical supervision for longer than 2 weeks, due to illness, vacation, or is otherwise unable to fulfill supervision needs, the Clinical Supervisor will provide information for a secondary supervisor who can fulfill the duties of this agreement. If the death of the Clinical Supervisor were to occur, this contract is terminated.

The Clinical Supervisor is agreeing to sign documentation on qualifying hours for supervisee as of the date of this contract. Clinical Supervisor agrees to remain in good standing with the state board and is legally authorized to provide clinical supervision for the duration of this contract. If the Clinical Supervisor has become unqualified to provide Clinical Supervision services due to lapse of license, or has fallen out of good standing with the state board then the Supervisee will be notified as soon as possible and a secondary referral will be provided for a Clinical Supervisor able to fulfill the terms of this contract.

Clinical Supervisor agrees to maintain confidentiality of information shared within supervision meetings. This information may only be shared for ethical peer consultations, coordinating care for supervisee, clients, other tasks related to Clinical Supervision, or when disclosure is mandated by law. Clinical Supervisor agrees to abide by the NASW Code of Ethics at all times. The Clinical Supervisor bears liability regarding the welfare and safety of supervisee's clients.

Responsibilities of Supervisee

As a Supervisee you attest that you are legally qualified to receive Clinical Supervision services in your state. You agree to maintain requirements of your state to stay qualified to acquire hours towards professional licensure.

The Supervisee agrees to attend and be prepared for Clinical Supervision as agreed upon. Cancellation or rescheduling requests should be given at least 24 hours in advance of scheduled time to the Clinical Supervisor at the information listed on Page 1. If cancelled less than 24 hours in advance, 50% of Clinical Supervision fee will be due.

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The Supervisee agrees to complete all minimum required documentation in a timely manner. If you have not completed minimum required documentation, your supervisor has the right to not sign off on your hours until these tasks have been completed.

The Supervisee agrees to maintain accurate records of Clinical Supervision and obtain signatures required for documenting supervision services in your state. Supervisee agrees to maintain confidentiality and may share details only when needing ethical consultations, coordinating care of clients, seeking qualified peer support, or when disclosure is mandated by law.

Supervisee agrees to abide by the NASW Code of Ethics at all times; you are responsible for knowing the NASW Code of Ethics, it can be found here: <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/>

It is expected that supervisee share all information regarding clients symptoms, behaviors, diagnosis, history, and case files. Supervisee is expected to be open to discussion and problem solving. Supervisee also agrees to consult with Clinical Supervisor when any of the following issues arise: mandatory reporting, Tarasoff situations, transference and countertransference issues, sexual approaches by a client/patient, etc.

Supervisee understands that Supervisor has the ultimate decision on how to proceed in ethically challenging client issues since the Clinical Supervisor bears liability regarding the welfare and safety of the supervisee's clients.

Structure

During Clinical Supervision topics for client support and professional development will be discussed including but not limited to the following:

- Case presentation, interpersonal process recall, progress notes, and role plays
- Clinical Exam preparation
- Crisis response
- Cultural Inclusivity
- Discussion and Rehearsal of Therapeutic Interventions
- Discussion of Crisis, Legal, Ethical, and Cultural/Diversity Issues
- Direct observation of sessions with clients
- DSM diagnosis, discussion and review
- Experiential Exercises
- Identification of supervisee's thoughts, attitudes, beliefs with the exploration of the impact of these on the therapeutic relationship and professional behavior
- Professional boundaries
- Review of written clinical documentation
- Self-care, vicarious trauma, and personal coping

Evaluation

The goal of Clinical Supervision is to ensure quality client care and to grow the Supervisees' clinical skills, personal skills, and to be a successful licensed Mental Health provider. This is measured by regular evaluation of both Supervisee and Supervisor to be held on a (monthly, bi-yearly, or yearly) basis.

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More than one Clinical Supervisor

In the event the Supervisee has more than one Clinical Supervisor, the supervisee gives permission for the Clinical Supervisor to discuss cases and share information with the other Clinical Supervisor for the purpose of coordinating effective Clinical Supervision.

Cancelation

Cancellation of a scheduled appointment for Clinical Supervision should be communicated as soon as possible and at least 24 hours in advance when possible. If Supervisee cancels less than 24 hours in advance, Supervisor may charge a fee of 50% of the total cost of the Supervision session.

Amendments or Termination of Contract

This contract is subject to revision at any time by either party. This contract may be terminated by either party at any time for any reason with written notice. This contract automatically terminates once Supervisee has obtained the required hours needed for professional licensure. If the Supervisee would like to continue supervision services a new contract will be drafted at that time.

By signing below, I agree I have read and understand the terms of this agreement.

Supervisee Signature

Date

Clinical Supervisor Signature

Date