

# Supervision Contract between Supervisor and Employer

(Official letterhead of Company)

Date: \_\_\_\_\_

“Supervisee”: \_\_\_\_\_

“Supervisor” & Credentials: \_\_\_\_\_

“Employer”: \_\_\_\_\_

As of the date of this contract Employer agrees to allow Supervisor who  
(circle one: “is not employed by” or “is a volunteer for” by Employer to provide clinical supervision to Supervisee.

## Responsibilities of Supervisor

Clinical Supervisor shall ensure that the extent, kind and quality of services performed is consistent with Supervisee’s training, education, and experience and is appropriate in extent, kind and quality. Supervisor agrees to take supervisory responsibility for the services provided by Supervisee. If the Clinical Supervisor plans to be on vacation, is ill, on leave, or otherwise unable to fulfill supervision needs for more than 2 weeks then the Clinical Supervisor will make efforts to provide information for a secondary supervisor to fulfill the responsibilities of this contract. The Clinical Supervisor is agreeing to sign documentation on qualifying hours for supervisee as of the date of this contract. All client information is to be kept confidential according to HIPPA guidelines.

## Responsibilities of Employer

Employer is aware of the licensing requirements that must be met by Supervisee and agrees to provide Supervisor access to clinical records of the clients counseled by Supervisee for coordination of care.

The employer acknowledges that the supervisor will be providing clinical guidance and direction to the supervisee in order to ensure compliance with the standards of practice of the profession, which include legal requirements and professional codes of ethics, and the employer agrees to not interfere with this process<sup>1</sup>.

It is agreed that Clinical Supervision is to remain confidential except as disclosed by the supervisee. The employer shall not request confidential information that is discussed in Clinical Supervision unless first approved by supervisee.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer’s Authorized Representative Signature

\_\_\_\_\_  
Date

<sup>1</sup> This written oversight agreement is provided by the RISE Directory. Confirm requirements for your state to ensure proper documentation. For California: This written oversight agreement must be provided to supervisees and submitted to the board upon application for licensure.