

CLINICAL SUPERVISION AGREEMENT AND CONSENT

PURPOSE OF AGREEMENT

We agree to enter a clinical supervision experience together by signing this agreement along with signing the Contract for Supervision for the Kentucky Board of Social Work and have discussed the issues that provide a context for the supervisory experience. The purpose of this agreement is to outline those issues and to serve as a resource for working together. This agreement is an addendum to the Contract for Supervision approved by the KY Board of Social Work dated _____, but not part of that contract. This agreement may be updated as a need may arise.

TERMS OF SUPERVISION

The terms of this clinical supervision agreement between (Supervisor) and (Supervisee) begin on the above date and continue until consent is terminated in writing by the above participants with a 30-day notice by either party. We have agreed to commit to a minimum of two hours every two weeks or one hour per week per month for 100 individual hours and a total of 150 hours, including up to 50 hours of group supervision. We have decided to use this time together to staff clinical cases, discuss possible countertransference, review therapeutic orientations and interventions, and engage in other discussions that will further the supervisee's professional and clinical development.

If you are unable to attend a supervision session, you are asked to give 24-hour notice. If either supervisor or Supervisee is sick or otherwise indisposed, every attempt will be made to notify as soon as possible, and supervision will be rescheduled. The additional approved supervisor ___(name)_____ can provide for hours when the supervisor of record is not available due to sickness, or other issue preventing the meeting.

PAYMENT:

The payment for an hour of supervision is \$ _____, unless otherwise provided for as a benefit of employment. Direct supervision hours are invoiced, and payment is expected within 10 days. The hourly rate is used as the basis for non-direct duties of the supervisor of record such as documentation review, travel, and use of other resources for the supervisory experience. These will be itemized on the invoice.

CONSENT AND CONFIDENTIALITY

I, (Supervisee), understand that I am required to notify clients that I am receiving supervision and provide the clients with my supervisor's credentials and contact information. I agree to use the Notice to the Client letter required by KY regulations and document in the client record that I have notified each client.

All client information and data will be handled with the utmost care and confidentiality in accordance with federal and state laws, the NASW Code of Ethics, and the KY code of ethical conduct specific to licensure in KY.

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Regarding the confidentiality of our supervisory relationship, I ___(Supervisor) will not disclose our agreement to work together with others. I hereby verify and attest that any prior or existing relationship with the supervisee will not impair my judgement nor be exploitative of the supervisee. However, you are welcome to disclose our supervisory relationship to others and you are required to do so with clients. Both the supervisor and supervisee will protect and respect each other's privacy and agree not to engage or connect with each other through social media.

COMMUNICATIONS

We agree to use the phone (not connected to public Wi-Fi) for critical contacts and discussion of confidential information. Email and texting cannot be used for confidential information unless we both agree on the technology that enables end-to-end encryption in accord with HIPAA rules. Email and texting may be used for changing meetings items or other non-confidential information. Social media apps or platforms will not be used.

LIABILITY INSURANCE

Professional liability insurance is maintained by both the Clinical Supervisor and the Supervisee. The Supervisee will provide documentation of insurance coverage before supervision begins. Cyber liability insurance may also be required if both use electronic records or other digital technology for record keeping, video conferencing, or communications.

CLIENT EMERGENCIES

If a client is in imminent danger (threat of homicide or suicide) call 911 and contact me as soon as possible. When the crisis is not imminent, call regarding next steps, if in doubt.

In the event of child/elder/dependent adult abuse and/or neglect, contact 1-877-597-2331 reporting line immediately and document the report within 24 hours. Also, inform me and/or administrative supervisor.. If unable to reach your Clinical Supervisor, leave a confidential voicemail (without names or details) and contact the additional clinical supervisor as the next person to contact cases.

ELECTRONIC SUPERVISION

Currently, I, (Supervisor) use a tele-supervision platform called _____ for all remote sessions. This platform utilizes software that is HIPAA-secure including end-to-end encryption.

When or if our supervision occurs online, we must both assure that we are in a private location and determine who has access to our electronic devices (computer, tablet, phone, etc) and electronic information from our respective locations. We both must only communicate through a device that we believe in good faith is secure and safe i.e., wherein confidentiality can be ensured. If possible, we will avoid Wi-Fi use and we will never use a public Wi-Fi connection without security. If we are scheduled for a tele-supervision session

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and we are unable to connect or are disconnected during a session due to a technological breakdown, we will try to reconnect within ten minutes. If reconnection is not possible, we will re-schedule another time. We agree to use the phone if that is possible to complete the time.

Please understand that tele-supervision is not appropriate if you and/or your client are experiencing a crisis. As stated previously, if a life-threatening crisis should occur, you agree to contact a crisis hotline or call 911.

STRUCTURE OF SUPERVISION

My supervision style stems from _____. We will implement elements of several approaches, including but not limited to, _____ to our clinical supervision sessions, with a concentration on professional development and ethical conduct. All supervision sessions will be conducted in an atmosphere of open communication and mutual respect. We agree to periodic evaluations (at least every 6 months) of the supervisory process. The supervisee agrees to come prepared to discuss pertinent cases concerns to each supervision session, completed any assignments from the prior time, and will exhibit openness to discussing issues surrounding their clinical development and goal of independent practice.

Should any dissonance or disagreements arise, they will be handled directly, and adjustments will be made, or agency mediation and policy will be followed. As a last resort, termination of the agreement will be considered and implemented after a 30 day notice to both parties.

Any personal issues that may be influencing your professional development must be addressed without crossing any personal boundaries. You may wish to consider individual therapy to address any personal issues that are affecting your ability to be objective with your clients. One's own therapeutic process is essential to fully understand the perspective of the client. If at any point you need a referral to a counselor for personal reasons, I will provide you with that feedback and information.

Please be advised that I follow the laws and professional regulations of the State of Kentucky with regards to clinical services and the code of ethical conduct. However, it is the sole responsibility of you, the Supervisee, to determine if my license, training credentials, and method of supervision delivery meet the requirements for clinical supervision in Kentucky. I am happy to provide you with any information necessary to help you determine if I meet these state-specific requirements.

As part of my supervisory responsibilities, I am required to sign off on your hours and fill out the necessary forms for the Kentucky Board of Social Work and continued supervision is required until the LCSW license is granted by the Board. Should there exist an issue whereby I cannot signoff on the hours, you will be notified as soon as possible. In the event of my death or incapacitation, ou will need to contact the additional supervisor on the contract and the KY Board of Social Work to obtain a new contract and how hours will be verified for the

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board.

RECORDS

I, (Supervisor) , document each supervision session to record the total time, topics, and issues of the session. A copy is readily available to you the supervisee. As the supervisee you are expected to prepare for each session by bringing issues related to your clinical practice. You also must be able to provide the direct time with clients for the record. This will provide a clear idea of where your stand with regards to the required direct time and supervision hours required by KY regulations. All documentation will be made available to you as soon as possible so that at the time this clinical supervision has ended you will have a complete record.

EVALUATIONS

Every six months, at minimum, both the supervisor and supervisee will evaluate the supervisory experience. The supervisee's evaluation is to assist the supervisor in improving the experience together. The supervisor will provide feedback to the supervisee with regards to their progress towards independent licensure.

GOALS:

We have identified the following specific goals for our work together:

- _____
- _____
- _____
- _____

These goals and the agreement itself may be updated during the supervisory experience.

SIGNATURES

The signatures below indicate that both the supervisor and Supervisee have read and understand the supervision agreement. By signing this agreement and consent, we also agree to abide by the KY Code of Ethical Conduct and the profession's Code of Ethics from the National Association of Social Workers (NASW).

Supervisee Signature

Supervisor Signature

Date

Date

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SUPERVISOR INFORMATION:	
Full Name:	
Credentials:	
Supervisory Credentials:	
Licensure State:	
License Number:	
License Issue Date:	
License Expiration Date:	
Contact Number:	
Contact Email:	

ADDITIONAL SUPERVISOR INFORMATION:	
Full Name:	
Credentials:	
Supervisory Credentials:	
Licensure State:	
License Number:	
License Issue Date:	
License Expiration Date:	
Contact Number:	
Contact Email:	

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SUPERVISEE INFORMATION:	
Full Name:	
Credentials:	
Licensure State:	
License Number:	
License Issue Date:	
License Expiration Date:	
Contact Number:	
Contact Email:	