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INFORMED CONSENT FOR SUPERVISION

This constitutes an agreement between Donna S. Scott, L.M.F.T (supervisor) and _____ (trainee/intern) for the provision of supervision services by Donna Scott to the trainee/intern. We agree to meet weekly beginning _____. In the case that the agreed up schedule cannot be met due to vacations and other scheduling problems, we will agree to conduct supervision by telephone or email. However, this does not take the place of regular contact hours. This agreement may be modified as needed by the trainee/intern or required by the supervisor. After hours I am available for life and death emergencies only. If you need to speak with me non-urgently please leave me a message at my office (619-500-4653); I will call you as quickly as possible. The fee for a supervision session is \$65/hour. A minimum of 24 hours' notice is required to cancel or change a session. If you cancel within 24 hours, you will be charged the full fee for the missed session.

We agree to the following rights and responsibilities in this supervision relationship:

1. The supervisor and trainee/intern acknowledge that the supervisor has clinical and legal responsibility for the acts and omissions of the trainee/intern. As such, the trainee/intern agrees to abide by the supervisor's advice and direction regarding possible risks in practice. The supervisor agrees to offer such advice and direction as needed to protect the welfare of the trainee/intern and her or his clients. Failure by the trainee/intern to inform the supervisor of risk, as described below, will be considered as an abrogation of this contract by the resident. The trainee will inform the supervisor of potential risk situations by voicemail or email within 24 hours, and follow up on these issues at the next scheduled supervision meeting. The supervisor may be available between scheduled consultation session for additional consultation in person or by phone as needed on an emergent basis. When the supervisor is on vacation, the trainee/intern may utilize the services of the supervisor's regular backup, or may arrange her or his own back-up supervision.

Risk situations are defined as follows for purposes of this agreement:

- any client who is at imminent risk of harm to self or others
- any who reports client suspected child or vulnerable adult abuse.
- any client reporting erotic or violent feelings toward the trainee therapist

2. trainee/intern will maintain her/his own professional liability insurance coverage at all times. Trainee/intern will not be covered by supervisor's liability insurance. Trainee/intern will maintain licensure or certification in state of practice appropriate to her/his training. Trainee/intern agrees to abide by the 2002 revision of the Ethics code of the American Psychological Association or the appropriate professional association with which she or he is affiliated.

3. The content of supervision sessions will be held in confidence with the following exceptions:
a. If trainee/intern releases supervisor in writing to share information for specific purposes; b. If supervisor receives a court order requiring release of information; c. If trainee/intern persists in actions that supervisor has advised are ethically or legally potentially actionable. Supervisor reserves the right at this time to report trainee/intern to regulatory or ethical authorities, and to terminate supervision services if this should occur. Trainee/intern is free to terminate supervision services with two weeks' notice, at which point supervisor will cease to hold legal and clinical responsibility for the clients treated by trainee/intern.

4. Case notes shall conform to standards for note-taking as defined by the trainee/intern's profession. Supervisor will complete, as needed, all forms attesting to the supervision of the trainee/intern that might be needed for resident's further credentialing.

5. Trainee/intern understands that the supervisor will request audiotaping of sessions and random review of audiotapes for purposes of trainee/intern education and/or quality control. The trainee/intern will inform all new clients in writing, in an office policy statement, of her or his trainee/intern status, the identity of the supervisor, and the potential for audiotaping for purposes of supervision. Both the trainee/intern and Supervisor may terminate supervision services with two weeks' notice. It is urged that the reasons for such a decision be discussed as part of the process of ending the supervisory relationship. I understand and agree to the terms of this supervision agreement.

Signed: _____ Date: _____

Trainee/Intern

Signed: _____ Date: _____

Supervisor