**MFT Clinical Supervision Contract with Supervisee in an Agency**

This contract is between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Clinical Supervisor) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) in coordination with the practice site agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**.**

**Time frame**

1. From Month/Day/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To Month/Day/Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,
   * Or until the completion of 100 hours of clinical supervision as required for licensure
   * Or to the termination of clinical supervision with the undersigned supervisor either party upon the other notification that the supervisor and/or supervisee terminate this contract.
2. This contract may be amended from time to time as agreed to by the participants affected: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisor), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisee) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency).
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) will complete the BBHE’s clinical supervision evaluation form for licensure from this date of execution until the end of supervision.

**Nature of the supervisory relationship.**

1. Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an employee of (agency) and all of the patient records belong to (agency).
2. Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will be presenting individual, couple, group, and family cases for Clinical Supervision from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency)**.**
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency) takes site supervision responsibility for the case load of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee )**.**
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is responsible for the clinical supervision of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisee’s) case load**.**
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is an approved supervisor of the American Association for Marriage and Family Therapy and will maintain compliance with continuing education requirements throughout the term of this contract.
6. Supervisee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will provide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ a copy of the BBHE’s Clinical Supervision Report Form and a copy of her/his diploma from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and a copy of her/his LAMFT license.

\_\_\_\_\_\_\_(initials) Supervision Report Form is attached

\_\_\_\_\_\_\_(initials) Copy of Diploma is attached

\_\_\_\_\_\_\_(initials) Copy of LAMFT is attached

**Liability Insurance**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee’s) professional liability for her/his case load is covered by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Ins. Co.). The Policy # is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for total amount\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Per incident Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_(initials) a copy of the face sheet is attached **(Provide copy of face sheet)**

**Methods of Supervision**

The methods of supervision will include:

1. Face to face case discussion
2. Live supervision
3. Audio tape
4. Video tape
5. Inclusion in conference calls of telephone family therapy

(Note: the BBHE requires that 10 hours of the 100 hours of clinical supervision required for licensure be live or include tapes of live therapy work).

**Documentation**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) will provide documentation of written, signed informed consent with clients or their legal guardians regarding \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor’s) clinical supervision of their cases, including review of their clinical file.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) will establish methods and procedures for obtaining copies of clinical records from\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency) for the purposes of this clinical supervision
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisor) will keep notes of every face-to-face clinical supervision encounter and any telephonic encounters that are substantive. These records are open to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisee) to review and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(agency) will receive a copy of all supervision notes. Supervisor will follow BBHE R4-6-212 regarding supervision documentation.
4. The supervisee will maintain a roster of her/his complete case load to bring to every clinical supervision session and will maintain a general log of activities supporting the clinical work including dates and times of clinical sessions.
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(supervisee) will keep a log of direct clinical practice hours that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisor) will sign. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisee) will keep the clinical practice log and a log of supervision experiences.

**Fees**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) agree that the fee for supervision will be $\_\_\_\_\_ per individual hour and $\_\_\_\_\_\_ per group hour. Payment is expected at the time of services unless the agency is paying for the services in which case appropriate billing practices will apply. Interim calls, face to face brief check-ins and emergency backup will not incur a charged for unless this kind of contact becomes excessive.

**Ethics and Laws**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) will review the Arizona BBHE standards of practice and the AAMFT Code of Ethics together as it applies to this supervision.
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) will review DUTY TO WARN issues of the law as it pertains to the clinical supervision of her/his cases.
3. Emergency Communication: If this is a life threatening emergency, call 911. Call my office as soon as possible at \_\_\_\_\_\_\_\_\_\_. If you are unable to reach me there, call my cell phone at \_\_\_\_\_\_\_\_\_\_\_\_. Being proactive is highly valued; communication about potential emergencies is expected.
4. Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency’s) policy and procedures as they pertain to clinical supervision. This will include making any adaptations to the agency’s confidentiality policy to allow the clinical supervisor unrestricted access to all client files.
5. Requests by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisee) to receive personal therapy outside the supervisory relationship can be an option if the Supervisee’s personal psychology is significantly troublesome in her/his therapy process with clients; general processing of therapeutic relationships with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) as they impact the person of the therapist, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee), are acceptable.
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will have unrestricted access, and will exercise unrestricted access, to clinical records from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (agency) for the purposes completing ongoing compliance review of \_\_\_\_\_\_\_\_\_\_\_\_\_(supervisee’s) documentation, with or without
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) has immediate access to \_\_\_\_\_\_\_\_\_\_\_\_\_ supervisee’s clinical files with or without the supervisee’s knowledge. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) will monitor supervisee’s documentation through on-going compliance reviews to ensure supervisee’s written documentation is meeting standards set by BBHE.
8. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) agrees to disclose any client therapist attraction or dual relationships.
9. There are no conflicts of interest between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(supervisee) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisor). There are no conflict of interests between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (supervisee) and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Direct Supervisor).
10. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) pledge to open communication to address any conflicts that may arise.

**Agency**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Supervisor) and\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Supervisee) responsibilities to the Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ include:
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. The contact person for the Agency is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency Contact) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Phone #)

**Supervisee: Supervisor:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print Name Print Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_/\_\_/\_\_\_

Sign and Date: Sign and Date:

This contract was reviewed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_