



*Peggy Wright, MS, LPC-S
(281) 247-0877*

SUPERVISION CONTRACT

This Supervision Contract between Peggy Wright, Supervisor, and _____, Supervisee, is effective _____. This contract shall terminate at the completion or required licensure hours and issuance of full license or by notice of either party to terminate (with or without cause) at any time.

Duties and Responsibilities of Supervisor:

During the effective period of this contract, the Supervisor agrees to provide the Supervisee with (1) hour per week (or 4 hours per month) of face-to-face supervision either individually or in group, provided that at least half of the supervision is individual. The Supervisor agrees that all group supervision shall not involve more than six supervisees at any one time. The Supervisor will not sign off on any hours for the supervisee if the Supervisee does not attend supervision for that week. Feedback will be provided by the Supervisor to the Supervisee during each weekly session. A formal evaluation will be conducted 1-2 times during the year. The Supervisor agrees to ensure ethical guidelines and professional standards are maintained by Supervisee. The Supervisor will provide consultation when necessary and when client welfare is at risk.

Duties and Responsibilities of Supervisee:

The Supervisee is responsible for securing malpractice insurance at his/her own expense and is expected to show proof of such insurance before the supervision is initiated. The Supervisee agrees to provide approximately 20 counseling hours per week, to include both direct and indirect clock hours in partial fulfillment of the requirements for the state Texas. The Supervisee is responsible for coming to supervision prepared to discuss clinical issues of all clients. The Supervisee will also be prepared to address important professional issues and will adhere to the ACA code of ethics as well as applicable Texas statutes, laws, and regulations. The Supervisee will disclose errors, concerns, and clinical issues as they arise, including concerns regarding the supervision process. Additionally, the Supervisee is responsible for maintaining a log of all professional activities and is to bring a current log to the last supervision session of each month. The Supervisee will consult with Supervisor or designated contact person in cases of emergency. The Supervisee will notify the Supervisor if a supervision session must be cancelled as soon as is feasible. If possible, the session will be rescheduled the same week. If not, the session will be made up the following week.

Confidentiality:

All matters discussed in supervision sessions, whether individual or group, fall under the same rules of confidentiality as those governing clinical sessions. Any breach in confidentiality will result in the immediate termination of this contract.

Remediation:

In the event that the Supervisee does not meet the criteria for successful completion of above required expectations or demonstrates inadequate counseling skills, techniques, or knowledge, the Supervisee will be informed at the first indication of this, and supportive and remedial steps will be implemented to assist the Supervisee. If the Supervisee fails to improve to the satisfaction of the Supervisor within six weeks, the contract will be terminated.

Fees:

Supervisee shall pay Supervisor \$150.00 per supervision session. This can be paid weekly or monthly. If the Supervisee chooses to pay monthly, the payment is due on the last session of the month. The Supervisor may terminate this contract if the fees are more than 1 month in arrears.

EMERGENCIES:

If the client or Supervisee is in imminent danger, first call 9-1-1 and then contact the Supervisor. The Supervisee may contact the Supervisor at the following numbers in case of emergency:

Cell: 903-244-7725

Office: 281-247-0877

Although attempts to reach Supervisor should always be made first by phone or text, in the event that she cannot be reached, or in nonemergency situations, she may be reached at the following email address PRWrightLPC@outlook.com.

By signing below, I acknowledge and accept the responsibilities as outlined in this contract. I also acknowledge that I understand the liability of the Supervisor with respect to the Supervisee practice and behavior and agree to use my best clinical, professional, and ethical judgment at all times.

Peggy Wright TX 16948
Supervisor Name and License Number

Date

Supervisor Signature

Supervisee Signature

Date

Supervisee's Address

Supervisee's Phone Number

Supervisee's Email Address