

Sharon Sanborn, MA, LMHC, ATR-BC, CHT
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Washington State Licensed Mental Health Counselor # LH00009318
Supervision Agreement

The following is a supervision agreement between Sharon Sanborn and _____ concerning procedures for supervision of _____'s practice as a therapist. This supervision will count toward _____'s required supervision hours for obtaining his/her _____.

Sharon Sanborn will provide supervision of cases in _____'s private practice and/or her/his agency clients. Sharon will supervise _____'s work with individuals, families, couples and groups, provided the cases are within the mutual areas of competence. Both parties agree to prior approval of cases by the supervisor in terms of the appropriateness of the case for the competence of the supervisee and the supervisor.

Sharon Sanborn will charge her customary rate for supervision of \$90 per 50 minute session and \$170 per 100 minute session and for a group of 2 supervisees \$45 each person for 50 minutes and \$85 for 100 minutes. For a group of 3 supervisees cost is \$30 each for 50 minutes and \$60 for 100 minutes. 60 hours of supervision can be over the phone or Skype. Payment is due at time of supervision. It is agreed that both supervisor and supervisee will keep records of dates and content of all supervision sessions.

For all private practice clients the supervisor agrees to have Sharon Sanborn's name listed as the supervisor. The supervisee agrees to include the supervisor's name, license number, address and phone number on practice disclosure statements to clients. For agency clients the supervisee agrees to obtain any release forms or disclosure statements and adhere to the agency's standards required in seeking outside supervision.

The supervisee will provide his/her own professional liability insurance. Art Therapy supervisees will obtain the appropriate, signed artwork release form for showing clients' art to supervisor and cohorts when applicable. The supervisee will let the supervisor know at least 24 hours in advance if s/he cannot attend a scheduled meeting. Payment for missed sessions will be expected whether it is for a "No Show" (\$90.00 or equal to full fee) or "less than 24 hour notice" of canceling an appointment (\$65.00 or 3/4 of full fee agreed upon depending on length of appointment and whether individual or group appointment). Both parties agree to abide by the Washington Psychological Association Guidelines Concerning Practice and Supervision. In addition, the Ethical Standards of the American Psychological Association and the American Art Therapy Association will be followed by both parties.

On an ongoing basis the supervisor and supervisee agree to provide mutual feedback about the quality of the work provided by each other. Both parties agree that if there is any concerns about the quality of service provided or the quality of supervision provided, they will discuss those matters in detail with the other party prior to taking any action, unless the problem is so serious as to require reporting elsewhere. This agreement can be terminated by either party for any reason, provided there is adequate lead time to insure the protection of clients.

The supervisee will contact the supervisor immediately and inform her if a lawsuit, a grievance, a complaint, a sanction, or a judgement is filed against her or him in any state/jurisdiction.

The supervisee is required by law to :

- (a) Protect the confidentiality of each and every client. Within supervision, the client's name is allowed to be referenced. Using an alias name is recommended, however.
- (b) Report suspicious and direct knowledge of child abuse and / or child neglect.
- (c) Inform clients of the name of his or her clinical supervisor.
- (d) Not practice psychotherapy in areas beyond his or her competence, training, education or experience.
- (e) Report the intent of a client to harm others (homicide) or himself/herself (suicide) and immediately warn the intended victim of a client.
- (f) Review his/her disclosure statement with clients during the initial session and keep it on record.
- (g) Not violate any of the Prohibited Activities in the Statue.
- (h) Register in the State of Washington psychotherapy databank as an associate counselor (example LMHCA).

By signing below the supervisee affirms that s/he has read and reviewed this supervision contract and agrees to all the terms described in it.

Sharon Sanborn, MA, LMHC, ATR-BC, CHT Supervisor _____
Date _____

Supervisee _____ Date _____