

Sharon Martin, LCSW

License # LCSW 19355

901 Campisi Way #150, Campbell, CA 95008

4080-982-6535 Sharon@SocialWorkCoaching.com

SUPERVISION AGREEMENT

This agreement between Sharon Martin, LCSW (supervisor) and _____, (supervisee), and _____ (supervisee's employer) documents their intent to enter a formal professional relationship guided by these terms and conditions.

1. The purpose of the relationship is to assure that the supervisee's clients receive appropriate professional service, to assure the supervisee's appropriate professional development, and to otherwise fulfill the regulatory requirements for supervision of Associate Clinical Social Workers.
2. Both supervisor and supervisee will comply with all laws and regulations regarding supervision and the practice of social work.
3. Both supervisor and supervisee will adhere to the NASW Code of Ethics.
4. The supervisee acknowledges that his/her practice is under the license of the supervisor and that the supervisor is responsible for the control of all social work services the supervisee provides. The supervisee agrees not to provide or hold herself out as providing any social work services outside the scope of her employment at _____ [name of organization].
5. Individual supervision will occur for one hour each week in the supervisor's office or by video conference as allowed by law. When practical, missed supervision time will be rescheduled within the week it occurs. Additional hours can be provided to meet BBS requirements should the supervisee perform more than 10 hours of direct client psychotherapy in a given week.
6. The charge for individual supervision is \$100 per hour. In addition to face-to-face supervision time, this amount will be charged on a pro-rated basis for related functions (chart review, consultation with employer, crisis management, etc) should they be needed. Rate increases are made periodically and you will be given two months advance notice of any increase. 24 hour notice is needed for cancellation or you will be responsible for paying for the hour. Services will be paid for at the time they are rendered. Payment is the sole responsibility of the supervisee and all parties understand that supervision will be suspended if fees are not paid on time.
7. Each case will be reviewed at least monthly. Cases identified as being high risk will be reviewed at least weekly. High risk cases will include but not be limited to those in which any one or more of the following is present: verbalized or implied thoughts of injury to self, others, or property; suspected abuse, neglect, or other current victimization; evidence of poor impulse control; psychosis; significant change in mental status; significant change in medical condition; any evidence that the client perceives or wants the relationship to be something other than professional; feelings of positive or negative countertransference.
8. Per §4996.18(h) of Business and Professions Code Chapter 14, the supervisee will inform the client during the initial contact that s/he is an unlicensed clinical social work registrant working under the supervision of an LCSW.
9. The employer agrees to allow the supervisor to access the supervisee's client files in the office if the clinical supervisor should deem it necessary.
10. The supervisee will:
 - a. Come to each supervision session prepared to present cases.

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- b. Openly disclose all relevant information about each case. Relevant information includes but is not limited to information disclosed by the client, information received from other sources about the client, reports of any contact the client has with the supervisee or other representatives of the employing organization, the supervisee's positive or negative feelings about each client.
 - c. Notify the supervisor on the same working day of any new high-risk issues. In the event of imminent danger, the supervisee will notify the supervisor immediately following any protective measures such as calling emergency services personnel, making CPS or APS reports, etc.
 - d. Comply with supervisor recommendations and directions.
 - e. Be responsible for tracking hours and maintaining record keeping/paperwork requirements of the BBS.
11. The supervisor will:
- a. Keep all client information confidential, except in situations where legal or ethical reasons require disclosure.
 - b. Provide recommendations to improve direct service and professional development.
 - c. Provide informal and formal evaluative feedback.
 - d. Document each supervision session.
12. Both the supervisor and the supervisee will discuss any issues or concerns about compliance with this document or about the process of supervision. In the event they are unable to resolve a conflict to the mutual satisfaction of both parties, they shall make arrangements for the transfer or termination of supervision. Since the supervisor has no clinical superior within the organization, the supervisee acknowledges that there is no internal process for appealing decisions of the supervisor.

This agreement is subject to revision at any time by mutual agreement of all parties. This agreement may be revoked by any party by giving at least one week's written notice to the others. It shall remain in effect from the date signed below until it is revised or revoked.

We agree to uphold this agreement to the best of our abilities.

Supervisor: _____ Date: _____

Supervisee: _____ Date: _____

Employer: _____ Date: _____

Signature

Printed Name and title