

Registered Intern Supervision Contract
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This contract applies to supervision between interns registered with OBLPCT and working towards licensure.

Supervision Schedule

Client hours are defined as face to face or voice to voice in a therapeutic relationship.

- For client hours of **1 to 45 hours per month**, two hours of supervision are required within the month of the obtained hours (falling in different weeks) with at least one individual 50 minute hour defined as “face to face in same physical location” and the second hour may be group or individual supervision.
- For client hours of **more than 45 hours per month**, three hours of supervision are required with no more than fifty percent of this time as group supervision.

Interns may schedule more fee based supervision at their request, but this does not count as future supervision hours required by the state.

After the first six months, supervision may be conducted “electronically” as defined by the OBLPCT while maintaining at least one 50 minute hour of individual face to face same location supervision. Electronic communication includes videoconference, telephone, teleconference, internet, electronic mail, chat-based, or video-based supervision.

Fees

An initial face-to-face meeting discussing the possibility of working together in a contracted clinical supervision relationship is at no cost.

- Individual supervision will be billed at \$100.00 per 50 minute hour.
- Group supervision is \$75.00 per 50 minute group, and \$90.00 per 90 minute group.
- Phone contact is prorated at \$90.00 per 50 minutes.
- Payment is required at or before the time of supervision. Cancellation with less than 24 hour notice incurs a 25% session fee.
- Fees must be paid in full each month to schedule supervision in the following month and must be paid in full in any 6 month reporting period to count as supervised hours.

If there are concerns about the intern’s client care, following of supervision directives, ethics or legal issues, a meeting at the individual supervision fee to discuss concerns is required.

A fee of \$90 per 50 minute hour will be assessed for any additional required services which might include, but are not limited to: a request from the intern to consult with an agency, lawyer,

state licensing board or counseling association; or a legal requirement as required in a mandatory legal proceeding.

Contact

My business phone is (503) 200-8696 and is maintained Monday through Friday 10-7. In case of emergency call 911 or Multnomah County Crisis Line 503-988-4888. You may also leave me a message after hours and I will respond as soon as possible.

Emails and texts are used only to schedule appointments or request phone supervision, and not to communicate regarding client issues or concerns.

Dual Supervisors

When an intern utilizes two supervisors simultaneously, the intern will notify this supervisor of the nature of that supervision. It will be the responsibility of the intern to coordinate monthly reports, with each supervisor being independently responsible for their portion of supervision and monthly reports. In recognition of the different theory bases and models of supervision, if the intern is given different standards of treatment or guidelines for practice by supervisors, the intern takes on the sole responsibility for which guidelines they choose to follow.

Supervisor Absence

If extended leave or illness (more than 30 days) occurs an alternate supervision service will be referred or sought out by the intern with recognition that the supervision may not qualify for supervision with the state requirements (and thus direct client hours may be lost.) Every attempt will be made to coordinate with the state guidelines on how to supply approved supervision in these circumstance.

Compliance Issues

Interns will be responsible for all necessary paperwork required to document hours for licensure. The supervisor will keep a copy of these records, supply required forms as needed for supervision, and keep ongoing documentation of intern's progress as needed for supervision.

Evaluation will be provided consistently and strategically to meet the requirements of OBLPCT for registered interns as well as sound ethical practices for supervision. Once every 6 months, interns will provide their evaluation form provided by the state delineating performance criteria as defined by the OBLPCT. It will be filled out by both intern and supervisor and used as a focal point for evaluation and determination of future professional growth goals. Every six months this will be condensed into the state required six month evaluation form and submitted by the supervisor. See OAR 833-050-0091 attached for more information.

Per OAR 833-050-0081 (attached) the supervisor has the authority to:

- (a) Review and determine appropriateness of individual charts and case records;
- (b) Review and determine appropriateness of methodologies for keeping client confidentiality;
- (c) Direct the intern to refer clients to other therapists when client needs are outside the intern's scope of practice; and
- (d) Determine appropriate client caseload and population to be served by the intern.

Interns will notify supervisor of any changes in their registration status with OBLPCT.

Delay and changes (more than two calendar months) in intern registration will require renegotiation of the supervision contract.

It is expected that any differences and conflicts within the intern and supervisor relationship will be discussed face to face in an attempt to reach a resolution.

Interns may terminate supervision at any time upon notification to supervisor. Supervisor may terminate supervision upon discussion of reasons with intern.

Confidentiality and Privileged Communication Limits in Supervision

Every effort will be made to maintain both the confidentiality of any client cases discussed and intern information, but under Oregon statutes there is no provision for confidentiality between supervisor and intern. The following situations may require the sharing of confidential information:

- Report of harm to self or others
- Mandated reporting as required and defined by Oregon state law
- Ethical code violations report to the board
- Violation of laws or other legal proceedings related to client care and supervision
- Failure to follow state registered intern guidelines
- The sharing of information within group supervision to peers
- Supervisor's supervision

Interns will include in their Professional Disclosure Statement as well as any informed consent form that they are under supervision and their information may be shared with the supervisor as a requirement of supervision. That statement will follow the requirements of OBLPCT.

Release of Information

A release of information will be designed for interns located within an agency setting for essential communications with that setting if deemed necessary for supervision purposes.

If intern is in their own private practice, they must create a notification plan in case of their absence or incapacitation and a copy of this must be on file with their supervisor.

Ethics and Liability Insurance

Interns will provide a copy of Liability insurance along with proof of current registration as an intern with the Oregon State Licensing Board for Counselors and Therapists. Interns will be expected to be honest and forthright in their disclosure of counseling work. They will apprise the supervisor of any need, whether personal or professional, that requires them to stop practicing to determine how the issue might change the supervisory relationship/contract.

Interns must follow the ACA, NBCC, OBLPCT, or other qualifying professional ethical guidelines to the best of their ability utilizing necessary supervision or consultation in the ethical decision making process.

If interns are not following the directives of the supervisor around client care as designated by the OBLPCT standards and ethics for client care or statues of the state of Oregon, the intern assumes sole responsibility for their actions (or inaction) and the supervisor may not be held liable. If intern is unable to follow direction for competent care of clients or as designated by ethical guidelines supervision will be terminated.

By signing below I am confirming that I will abide by all Oregon State Guidelines for Intern Supervision and that I have read, understood and agree to the conditions of this contract.

- ✓ **I have provided a copy of my Professional Disclosure Statement as defined by Oregon State Regulations.**
- ✓ **I have provided proof of my Liability Insurance Coverage**
- ✓ **I have provided copies of my Informed Consent I use with clients**
- ✓ **I have provided copy of my contract with the State of Oregon as a registered intern.**
- ✓ **I have been forthright with any pertinent issues related to my business and abilities to be a registered intern and pursue supervision.**

This contract does not require payment except for the hours of desired or needed supervision, and only hours of supervision which are consistent with OBLPCT and are PAID FOR will count towards official supervised hours.

Considerations: _____

Anticipated Start of Supervision: _____

Description of place(s) of practice including name and phone number:

Intern Date

James Gurule, MA, LPC Date