

Consent for Clinical Supervision Services



Marie Mellberg Solutions, LLC
Marie Mellberg, CRC, LPC
License #: C4927
Clinical Rehabilitation Counselor
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Phone: (503) 789-5092
Portland, Oregon (Virtual)

**** I ask you to read this supervision agreement prior to selecting me as your clinical supervisor ****

The purpose of this agreement is to serve as a resource for working together.

✦ **As Supervisee and Clinical Supervisor, We Agree the Following:**

- To place client needs first and foremost, followed next by developmental and professional needs of the supervisee.
- To work together to facilitate in-depth reflection and to practice good self and client care.
- To take necessary measures to develop both personally and professionally, striving for an ever-growing level of clinical expertise.
- To work towards setting goals that are thoughtfully designed to enhance areas of needed clinical and personal improvement.
- We will work respectfully and with high regard to issues of diversity and multiculturalism.
- We will both maintain an open stance to be most receptive to feedback and sharing.
- To address issues of parallel process as they positively and negatively affect the helping relationship.
- To uphold the utmost integrity, professionalism, and beneficence when addressing client care, mental health service, and professional practice.
- To follow and abide by the Codes of Ethics for all governing bodies.
- To discuss disagreements and conflict as they arise.

We will work to the supervisee's agenda, within the framework and focus negotiated at the beginning of each session. However, the supervisor reserves the right to highlight items of clinical significance and to adjust the goals of the session as necessary for further development of professional competence.

Upon arrangement, your clinical supervisor can provide a record for your employer or professional board showing the times and the dates of the clinical supervision sessions. Any other notes made about the sessions during or after the sessions will be kept by the supervisor. These



may be subpoenaed by court of the law or viewed by the employer if clinical supervision is part of the employment contract. We will discuss this further upon initiation of clinical supervision to clarify each individual's situation.

✦ **As A Supervisee You Agree To:**

- Maintain client welfare first and foremost, followed by professional development and professional needs.
- Prepare for the sessions, for example, by having an agenda or preparing notes or transcripts for review.
- Take responsibility for your professionalism in clinical supervision and will make effective use of the time, including punctuality.
- You are responsible for any actions you may take as well as the outcomes as a result of clinical supervision.
- You will be willing to learn, to develop your clinical skills and be open to receiving support and challenge.
- Ensure that all correspondence to/from the state licensing board get routed to the supervisor so that the supervisor is fully aware of licensure status & all situations in reference to the licensee.
- You will provide video/audiotape once per evaluation period for supervisor feedback.
- It is your sole responsibility to know and adhere to the requirements of the state's Board you are registered with (*how many hours of supervision is required monthly in relation to how many client hours you have in that month, and all forms/documents*).

✦ **As A Clinical Supervisor I Agree To:**

- Keep all information you reveal in the clinical supervision sessions private, except for these exceptions:
 - If you engage in any unsafe, unethical, or illegal practice.
 - You repeatedly fail to attend sessions.
 - You do not maintain appropriate levels of client care and place clients at risk, in a major or minor way.
 - You do not abide by state or national licensing standards, or the expectations outlined in the *Codes of Ethics* of related professional bodies.
 - I may discuss our supervision sessions during my own supervision/consultation sessions as needed.
 - Ongoing reports to evaluative and protective bodies (*colleges or universities, licensing boards, etc...*).

In the event of one of the aforementioned situations, I will attempt to support you in dealing appropriately with the issue directly yourself in most cases (*except where this may be*



inappropriately or harmful to the client). When concerns arise about your performance, I will reveal such concerns as necessary for client protection to the appropriate governing or protective body. In most instances, I will request your presence during such event.

- I will offer you feedback, support, and supportive challenge to enable you to reflect in depth on issues affecting your practice.
- I will provide you with ongoing feedback verbally, in written formats, and through quarterly formal evaluations.
- I will sign off on all your hours (*you are responsible for keeping record of your hours*) and fill out the necessary recommendation forms from state or credentialing bodies, provided those bodies have agreed upon our supervisory plan.
- I will maintain my commitment to continually developing myself as a practicing professional.

✦ **Boundaries:**

We are engaging in a professional relationship where it is necessary that both the supervisor and supervisee maintain appropriate professional boundaries. We will not engage in social, sexual, nor friendship-type interactions as this may interfere with the goals and effectiveness of supervision and may compromise client care. We will discuss boundary expectations at the start of supervision.

✦ **Consent and Confidentiality:**

Verbal informed consent must be obtained from clients who will be reviewed in our supervision sessions. You are required to notify clients that you are receiving supervision and provide clients with your supervisor's credentials. All client information and data will be handled with the utmost care and confidentiality in accordance with HIPAA laws and the ACA Code of Ethics specific to my professional license.

Regarding the confidentiality of our supervisory relationship, I will not disclose our agreement to work together to anyone else. However, you are welcome to disclose our supervisory relationship to anyone you would like. Similarly, to protect and respect your privacy, I do not engage or connect with supervisees through social media, except for LinkedIn.

✦ **Use of Technology Assisted Services in Supervision:**

Currently, I use a tele-supervision platform called Zoom for all remote sessions. Zoom utilizes a video software which is HIPAA-compliant and includes end-to-end encryption.

If our supervision occurs online, I ask that you determine who has access to your computer and electronic information from your location. I encourage you to only communicate through a computer that you know is safe (*i.e., wherein confidentiality can be ensured*).

If we are scheduled for a tele-supervision session and we are unable to connect or are disconnected during a session due to a technological breakdown, please try to reconnect within ten minutes. If reconnection is not possible, contact me to schedule a new session time.



Please be aware of the following practices regarding my use of technology to provide supervision:

- Text messaging via cell phone is acceptable to arrange sessions and for housekeeping issues only. Please do not disclose identifying information about a client over text message.
- Email is only to arrange or modify supervision sessions, to communicate about housekeeping duties such as signing supervisory forms or to share resources and interventions with one another. Please do not email me content related to your client sessions, as email is not completely secure or confidential.

Please be advised that I follow the laws and professional regulations of the State of Oregon with regards to technology-assisted clinical services. However, it is the sole responsibility of you, the supervisee, to determine if my license, training credentials, and method of supervision delivery meet the requirements for clinical supervision in the state where you are seeking licensure. I am happy to provide you with any information necessary to help you determine if I meet these state-specific requirements.

✦ **Scheduling**

To schedule a supervision session, use [this calendar's appointment page](#).

All meetings with me will use the same Zoom information:

- Meeting ID - 777 959 8804
- Link - <https://us06web.zoom.us/j/7779598804>

✦ **Liability Insurance:**

Professional liability insurance is maintained by both the Clinical Supervisor and the Supervisee. The Supervisee will provide documentation of insurance coverage to the Clinical Supervisor before supervision begins.

✦ **Supervisor's Scope of Competence:**

I am a Licensed Professional Counselor (*LPC*; # *C4927*) board certified and licensed by the Oregon Board of Licensed Professional Counselors and Therapists (*3218 Pringle Road SE, Ste. 120, Salem, OR 97302 - 503-378-5499*). I am a Board Approved Supervisor of Registered Associates/Professional Counselor Associates. I am also a Certified Rehabilitation Counselor (*CRC*; # *00172414*).

I have an M.S. in Clinical Rehabilitation Counseling from Portland State University (*2015; CACREP-accredited*), and over 8 years of clinical experience providing individual, group, and family counseling to adults and older adults for a range of treatment issues: chronic illness, disability, psychosocial adjustment to disability, clinical and mood disorders, trauma, chronic disorganization and hoarding, relationship issues, employment issues, and culturally specific issues. I have worked in private practice, community mental health, higher education, and group practice.



Finally, I have provided continuing education trainings and have taught several counseling-specific graduate courses with both Portland State University and Lewis & Clark College. I provide clinical supervision for practicum students, student interns, registered associates, and licensed clinicians.

✦ **Client Emergencies:**

If a client is in imminent danger (*threat of homicide or suicide*) call 911, 988 and/or Multnomah County Crisis Line immediately at 988 or 503-988-4888.

In the event of child/elder/dependent adult abuse and/or neglect, contact Oregon's reporting line immediately and within 24 hours at (855) 503-7233. Also, inform your primary Clinical Supervisor and any other appropriate individual in your agency of employment. I may be contacted at (503) 789-5092. If you are unable to reach me in the event of an emergency, leave a confidential voicemail and contact the next agreed upon person to call in such cases.

✦ **Structure of Supervision:**

Issues related to your professional development and the welfare of the client is the primary focus of supervision.

- Supervisee's written cases notes (*including diagnoses and treatment plans*) and audio / video tapes may be reviewed in each session.
- Issues relating to supervisee's professional development will be discussed; and
- Sessions will be used to discuss issues of conflict and failure of either party to abide by the guidelines outlined in this contract.
 - While it is my sole belief that we can work together to resolve challenges that may arise in supervision, the occasion may arise that this is not so. If challenges of either party are not resolved in supervision, supervision may be terminated.

✦ **Method of Evaluation:**

Evaluation will be given in the form of feedback in individual session(s) along with formal evaluations as required for professional counseling licensure. Feedback will be based on specific skill issues related to intervention, conceptualization, and personalization skills as well as any issues that you and/or I present to supervision that need address.

✦ **Fees:**

- Individual: \$120 per hour
 - Equity pricing for BIPOC clinicians:
 - Individual: \$100 per hour

** About equity pricing: A small reduction in payment for Black, Indigenous, and Persons of Color (BIPOC) clinicians is meant as a small act of equity and reparations. The payment model does not penalize dominant/White culture participants by having them pay more, BIPOC*



participants will simply receive a discount. By going into a supervision relationship with me, you agree to this policy.

- For payment of session fees, I will provide a Square Invoice. Payment is due upon receipt.

✦ **Additional Information:**

- Phone consultation: 15min./week (60 minutes a calendar month) is complimentary. Additional time will be charged at rate of \$40/ hour (*prorated by 15-minute increments*). Crisis, emergent situations, and mandatory reporting cases are the most appropriate reasons to access phone consultation.
- To protect the time and space for clinical supervision, please keep to agreed appointments and time boundaries. **I require 24-hour notice for cancellations. Appointments that are cancelled less than 24-hour’s notice will be billed the full session fee.** Privacy will be respected, and interruptions avoided.
- Keep in mind that I do not provide temporary supervision for breaks from other supervisors.

✦ **Commitments:**

<ul style="list-style-type: none"> ➤ Supervisee is currently working towards: <input type="checkbox"/> Credentials <input type="checkbox"/> Licensure <ul style="list-style-type: none"> ○ Associate/License Registration Number: _____ ➤ We will meet virtually (<i>via Zoom</i>) for: <input type="checkbox"/> Individual <input type="checkbox"/> Group ➤ Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Monthly ➤ For: 60 min ➤ At a cost of: \$120 per session <input type="checkbox"/> Equity pricing: \$100 per session ➤ Payment Arrangements: Square Invoice will be provided. Payment is due upon receipt. ➤ Appointments that are cancelled less than 24-hour’s notice will be billed the full session fee. ➤ Preparatory work expected for each session will be determined. ➤ Video observation is required at least once per evaluation session. ➤ Formal Evaluation will be provided by following the annual evaluation process. ➤ Other important items of agreement: <ul style="list-style-type: none"> _____
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Supervisee Name: _____

Address: _____

Phone #: _____

Email: _____

Preferred Method of Communication: Email Phone Text

Emergency Contact: _____

✦ By Your Signature Below, You Are Indicating:

1. You voluntarily agree to receive clinical supervision services and that you authorize me to provide such assessment and guidance as I consider necessary and advisable.
2. You have read and understood this statement and you have had sufficient opportunity to ask questions about, and seek clarification of anything unclear to you; and
3. You agree with the terms and conditions outlined in this document.

I, _____ (*Supervisee*) acknowledge that I have read and understand this clinical supervision agreement and consent to clinical supervision with Marie Mellberg, CRC, LPC (*Clinical Supervisor*) according to the terms described here. I have read the preceding information and understand my rights and responsibilities as a supervisee.

Supervisee Signature

Date

Supervisee Name



Consent for Clinical Supervision Services

Agency Communication Supervision Consent:

As a part of your clinical supervision, I will be collecting information about the work that you do at your agency in order to evaluate your work for the state. Specifically, I will be asking questions about client care, chart notes, following procedures and professionalism.

Agency Name: _____
Address: _____
Agency Supervisor Name: _____
Agency Supervisor Phone #: _____
Agency Supervisor Email: _____

By signing this form, I, _____ (*Supervisee*) give Marie Mellberg, CRC, LPC (*Clinical Supervisor*) permission to contact and discuss my performance with the agency I list above.

Supervisee Signature

Date

Supervisee Name

Marie Mellberg, CRC, LPC (*Supervisor*)

Date