



AUTHENTIC
THERAPY SERVICES LLC

Clinical Supervision Contract for LCPC Candidate

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Maryland Board Approved Supervisor (LC4572)
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This contract for supervision is meant to formalize the professional relationship and responsibilities between Jenn Sevier, LCPC (Supervisor) and _____ (Supervisee) in which the supervisor directs, guides, monitors, instructs, and evaluates the supervisee's knowledge, skills, and abilities to provide clinical professional counseling in an ethical and competent manner in compliance with Health Occupation, Title 17, Annotated Code of Maryland, and related COMAR regulations.

Supervisee Information:

Name (full): _____

Mailing Address: _____

Email: _____ Phone: _____

Supervision Commitment:

Individual clinical supervision is offered at a rate of \$150 per one hour session.

Frequency: _____

Effective Dates: _____

Liability Insurance (please provide name of insurer and dates of coverage; proof of active coverage required before initiation of supervisory agreement):



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Goals and Objectives:

- Promote professional development and competence in rendering clinical mental health counseling services.
- Ensure the safety and welfare of clients under care of the supervisee.
- Fulfill requirements for independent licensure in the state of Maryland.

Structure of Services:

- One (1) clock hour of individual supervision weekly via HIPAA-compliant third party video software with end-to-end encryption.
- Collaborative case conceptualization, interpersonal processing, and professional skill building in an atmosphere of open communication and mutual respect.
- Review of counseling video or audio recordings and documentation, as indicated.
- Ongoing evaluation via mutual discussion of strengths and weaknesses, in addition to self-assessment measures and therapist evaluation checklists.

Liability Insurance:

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

Responsibilities of the Supervisor:

- Ensure practice remains within the scope of the supervisee's license.
- Determine skill level for current practice.
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of discussion.
- Ensure the supervisee has read and is knowledgeable about Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and state and federal laws related to reporting requirements and emergency procedures for high risk or abused clients, as well as confidentiality and privileged communication.
- Remain responsible for the clinical professional practice of the supervisee.
- Provide for emergency supervision and direction to the supervisee by a Board-approved supervisor.
- Within a reasonable period of time before termination of supervision, provide the supervisee and employer with a notice of termination to avoid or minimize any harmful effect on the supervisee's patients or clients.

Responsibilities of the Supervisee:

- Verify that the supervisor has been approved by the MD Board of Professional Counselors.
- Establish and execute the written contract for supervision before beginning to practice clinical professional counseling.
- Attend and participate in supervision as agreed in the written contract.



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- Prepare for supervision using case materials related to the supervisee's clinical counseling practice.
- Maintain documentation of supervisory sessions for at least 7 years, including dates, duration, and focus of the supervision, to be available for verification to the Board, on request by the Board or its authorized agent.
- Refrain from engaging in the practice of clinical professional counseling independent of supervision (i.e. solo practice).
- Provide each client with a copy of a professional disclosure statement as described in Health Occupations Article, 17-507, Annotated Code of Maryland, and COMAR 10.57.12 clearly stating that counseling services are provided under clinical supervision, and provide name of supervisor with contact information.
- Obtain a signed release of information and informed consent for treatment form from the client which indicates that the client: 1) is aware that counseling services are being provided under clinical supervision; 2) consents to the recording of counseling sessions with the knowledge that the recording may be shared with and be limited to the supervisor; and 3) consents to the sharing of client information between the licensed graduate professional counseling and the named clinical supervisors.

Additional Provisions, Agreements, and/or Clarifications:

- If you are unable to attend a supervision session, you are asked to give 24-hour notice (if possible). In the event that either the supervisor or supervisee is ill, every attempt will be made to notify as soon as possible and supervision will be rescheduled.
- If unable to connect to (or are disconnected during) a session due to a technological issue, please try to reconnect within ten minutes. If reconnection is not possible, please contact me to schedule a new supervision time.

This contract is subject to revision at any time upon the request of either the supervisor or supervisee. Your signature below indicates that you have read and agree with the above arrangements for supervision. We agree to uphold the directions and provisions outlined in this contract to the best of our abilities, and conduct our professional behavior according to Health Occupations Article, Title 17, Annotated Code of Maryland, COMAR 10:58, and relevant state and federal laws and regulations.

Supervisor: _____ Date: _____

Supervisee: _____ Date: _____