



Andee Gay, MS, LPC, NCC, CSPS
Sanctuary Counseling & Supervision Services, LLC

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Clinical Supervision Agreement, Informed Consent, Policies and Procedures

Purpose

The purpose of this agreement is to acquaint you with the structure of your clinical supervision towards licensure as a Licensed Professional Counselor. It includes a description of the process, your rights, and responsibilities, ensures a common understanding about the supervision process, and gives you an opportunity to ask questions for clarification and understanding.

Professional Disclosure- About Andee Gay

I earned a Master of Science degree in Community Counseling from Georgia State University, as well as a Diploma of Christian Counseling from the Psychological Studies Institute (now Richmond Graduate University). The Composite Board of Licensed Professional Counselors, Clinical Social Workers, and Marriage and Family Therapists license me to practice in the state of Georgia. I am also A National Board-Certified Counselor & a Critical Incident Stress Management qualified clinician. In addition, I am a Certified Professional Counselors Supervisor, #253, for the Licensed Professional Counselors Association of Georgia LPCA.

I opened Sanctuary Counseling & Supervision Services, LLC in November 2014 as a solo practice. Prior to that I worked in a pastoral counseling center for sixteen and a half years. I also go into the community to deal with Critical Incidents such as robberies, employee deaths, layoffs, or other corporate needs. I worked for seven years as a contract counselor for the GIVE Center (Gwinnett Intervention & Education), a school for students who have had significant issues at their home schools resulting in long term suspensions. I was a Faculty Member at the University of Phoenix, teaching associate level classes. I have provided practicum/internship supervision for both Richmond Graduate University as well as Mercer University. My clinical experience has focused on depression; anxiety; grief; relationship issues; parenting; teen issues; spiritual struggles; couples counseling as well as some family therapy. I have completed continuing education in the area of supervision. My clinical theoretical orientation is integrative, client centered, & Adlerian. My supervision orientation includes relational & psychodynamic theories. Throughout this supervision experience, I will take on different roles at different times including educator, consultant, counselor, and evaluator. We will further discuss these roles in our introductory meeting.

Structure & Fees

A one-hour introductory meeting is required to determine “goodness of fit” to pursue a supervisory relationship as it relates to your supervision needs, clinical experience, goals and my clinical background, experience etc. which is **FREE!** If it is determined that we will not work together, then consultation and referrals will be provided upon request.

Individual supervision meetings are \$100 per session. A total of 35 sessions are required per year for licensure, & the Georgia Composite Board requires 3 years of supervision prior to applying. That works out to be approximately 3 per month with some leeway during the holidays. It’s usually

advisable to have more sessions at the beginning of the contract year as that is when the most questions come up. Contracts are to be for a minimum of 1 year and are renewable annually. Payments can be **cash or check made out to Andee Gay, LPC**, or via **PayPal** on my website.

I will record supervision hours obtained in direct relationship to the time you spent in supervision. If you are excessively late for a meetings, then that will be reflected in the time recorded.

If for any reason I am unable to attend a supervision meeting I will make every provision to provide you with an alternate time for individual supervision at your convenience within a week of the missed meeting. Additionally, at the end of 12 months, we will schedule 1-hour individual feedback meetings at which time you will receive written evaluation of your clinical skills and professional development. You will have an opportunity to view this instrument at the onset of the supervisory relationship.

When you bring a new client to supervision, please be prepared to provide information about the presenting problem, demographic information (name, age, sex, racial/cultural identity, & contact information for my records), brief history of problem, and a general description of treatment goals. Discussion of clients will be confined to supervision time except for emergencies (ex. client hospitalization, suicidal ideation). **If you need to reach me, you may call me on my mobile phone (770) 354-5727 or my home phone (770) 513-0712.** In the event that you can not reach me, and you have a clinical emergency, contact your work supervisor.

Supervision Process

Supervision is an interactive process intended to monitor the quality of client care, improve clinical skills, and facilitate professional growth. You can expect to receive timely feedback of your clinical interventions and to have a supportive environment in which to explore client-related concerns. You will be expected to be an active participant in the supervision process, to arrive on time and be prepared for each meeting. The format for each meeting will include follow-up on any urgent client care issues and agenda items. I will encourage you to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on your therapeutic interventions. You will be provided with a written format for case presentations and client demographic/identifying information for my records.

The benefits of these requirements will serve to improve/support your counseling conceptualization and intervention skills and to increase your sense of professional identity. Possible risks include discomfort arising from challenges to your counseling knowledge, abilities, and/or skills.

Administrative Tasks and Evaluation

In as much as possible, I include a review your case notes and documentation. In my role as your supervisor, I will provide you with verbal feedback regularly and written feedback every six months. There will be a final summative evaluation of your clinical and professional development at the end of the supervisory relationship at which time you will also provide me with a formal evaluation of me as a supervisor. The Georgia Composite Board has adopted rules *that require the Supervisee and Supervisor to take supervision notes and keep a supervision log*. I will provide you with the forms that I use for such documentation. If the board asks to see these notes, we must both produce them.

Legal and Ethical Issues

Supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise, I urge you to seek counseling. The content of supervision meetings and evaluations are confidential except what I share with my supervisor or consultant(s). Information provided by other therapists during supervision is confidential if we expand to group supervision. Limits to confidentiality include but are not limited to treatment of a client that violates the legal or ethical standards as set forth by professional associations and government agencies. You are required to report child abuse/elder abuse, suicidal threats, and homicidal ideation to the proper authorities as well as to me immediately. As the independent clinical supervisor, I am not responsible for your (the Supervisee's) job performance, for the number of cases assigned to you or for any other aspect of your job duties or employment agreement.

With the assistance of your Employer/Director you are to become familiar with and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPPA). You are also required to become familiar with the ethical guidelines the Georgia Composite Board (<http://rules.sos.ga.gov/gac/135>) and relevant Professional Associations such as the American Counseling Association 2014 Code of Ethics (<http://www.counseling.org/resources/aca-code-of-ethics.pdf>) or the National Board of Certified Counselors Code of Ethics (<http://www.nbcc.org/Assets/Ethics/NBCCCodeofEthics.pdf>) . In school settings you need to become familiar with the Family Education and Rights to Privacy Act (FERPA).

Licensure

It is your responsibility to know and understand the licensing law. I am willing to discuss the law with you and give you my understanding, but the ultimate responsibility of knowing and complying with the licensing law rests with you.

Statement of Agreement

I have read and understand the information contained in this document. Signature acknowledges agreement to terms of supervisory relationship with Andee Gay, M.S., LPC, NCC, CSPS. This agreement can be terminated within 2 weeks notice at anytime by either the Supervisee or by the Supervisor. If termination is necessary all due care will be given to ensure proper client, student, or patient care.

Please initial next to the bullet points below acknowledging your understanding of the agreement:

_____ I understand that this contract is binding for at least 12 months, annually renewed per agreement with both parties.

_____ I understand that it is my responsibility to keep a log of my supervision and to keep supervision notes as required by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists.

_____ I understand that it is my responsibility to review the GA Composite Board ethical guidelines for Counselors, the National Board of Certified Counselors if I am a member and the American Counseling Association guidelines whether I am a member or not.

_____ I understand who to contact in the event of a clinical emergency.

_____ I know that I am responsible for my own understanding of the licensing laws.

_____ I know that it is my responsibility to understand the HIPPA regulations at my work site.

_____ I understand that I must inform my clients that I am practicing under clinical supervision and tell them who my supervisor is and how she can be contacted.

_____ I understand that if I elect to record a session for supervision that I must provide my client with informed consent and authorization.

Supervisee Signature

Date

Supervises Name (Printed)

Supervisor Signature

Date