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INFORMED CONSENT FOR SUPERVISION

This constitutes an agreement between Carla Bradshaw, Ph.D. (supervisor) and _____ (resident/intern/colleague) for the provision of supervision services by Dr. Bradshaw to the resident/intern/colleague. We agree to meet _____ per week for a period of ____ beginning _____. In the case that the agreed up schedule cannot be met due to vacations and other scheduling problems, we will agree to conduct supervision by telephone or email. However, this does not take the place of regular contact hours. This agreement may be modified as needed by the resident or required by the supervisor.

We agree to the following rights and responsibilities in this supervision relationship:

1. The supervisor and resident acknowledge that the supervisor has clinical and legal responsibility for the acts and omissions of the resident. As such, the resident agrees to abide by the supervisor's advice and direction regarding possible risks in practice. The supervisor agrees to offer such advice and direction as needed to protect the welfare of the resident and her or his clients. Failure by the resident to inform the supervisor of risk, as described below, will be considered as an abrogation of this contract by the resident. The resident will inform the supervisor of potential risk situations by voicemail or email within 24 hours, and follow up on these issues at the next scheduled supervision meeting. The supervisor may be available between scheduled consultation session for additional consultation in person or by phone as needed on an emergent basis. When the supervisor is on vacation, the resident may utilize the services of the supervisor's regular backup, or may arrange her or his own back-up supervision.

Risk situations are defined as follows for purposes of this agreement:

- any client who is at imminent risk of harm to self or others
- any client who reports suspected child or vulnerable adult abuse.
- any client reporting erotic or violent feelings toward the resident therapist

2. Resident will maintain her/his own professional liability insurance coverage at all times. Resident will not be covered by supervisor's liability insurance. Resident will maintain licensure or certification in state of practice appropriate to her/his training. Resident agrees to abide by the 2002 revision of the Ethics code of the American Psychological Association or the appropriate professional association with which she or he is affiliated.

3. The content of supervision sessions will be held in confidence with the following exceptions: a. If resident releases supervisor in writing to share information for specific purposes; b. If supervisor receives a court order requiring release of information; c. If resident persists in actions that supervisor has advised are ethically or legally potentially actionable. Supervisor reserves the right at

this time to report resident to regulatory or ethical authorities, and to terminate supervision services if this should occur. Resident is free to terminate supervision services at any time, at which point supervisor will cease to hold legal and clinical responsibility for the clients treated by resident.

4. Resident will provide supervisor with copies of case notes on all clients under supervision. Case notes shall conform to standards for note-taking as defined by the resident's profession. Supervisor will complete, as needed, all forms attesting to the supervision of the resident that might be needed for resident's further credentialing.

5. Resident understands that the supervisor may request audiotaping of sessions and random review of audiotapes for purposes of resident education and/or quality control. The resident will inform all new clients in writing, in an office policy statement, of her or his residency status, the identity of the supervisor, and the potential for audiotaping for purposes of supervision.

Both the Resident and Supervisor may terminate supervision services at any time. It is urged that the reasons for such a decision be discussed as part of the process of ending the supervisory relationship.

I understand and agree to the terms of this supervision agreement.

Signed: _____ Date: _____
Resident

Signed: _____ Date: _____
Supervisor