



Lindsay Martin, PhD, LPC, NCC

Licensed Professional Counselor

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LPC & NCC Clinical Supervision Services Agreement

This constitutes an agreement between Lindsay Martin, PhD, LPC, NCC (supervisor) and _____ (supervisee) for the provision of supervision services by Dr. Martin to the supervisee.

Date: _____

Supervisee Information

Name (Last, First, MI) _____
Email: _____
DOB: _____ Home Phone: _____ Cell: _____
Work: _____ At which number do you prefer I contact you? _____
Mailing Address: _____

Emergency Contact Information

Contact Name/Relationship: _____
Address: _____
Phone Number: _____
Email: _____

48-Hour Cancellation Policy

I certify the information that I have provided is correct. I will provide 48 hours' notice if I will be unable to attend a specific group or individual session. I understand that I will have a financial responsibility to pay the professional fee for supervision if I give less than 48 hours' notice. Notice of cancellations shall be given by email to lindsay@drlindsaymartin.com

Client Signature

Date

IvyPay – Credit Card Billing

Dr. Lindsay Martin uses IvyPay for Credit Card billing.

You will be sent a text directly from IvyPay asking you to put a Credit Card on file. After you place a credit card on file, you will be billed for the initial consultation and then billed automatically for all consultations from that point forward. Dr. Martin will not keep your Credit Card on file herself; rather, IvyPay has this information held confidentially.

Cell phone number to which IvyPay should send initial invitation: _____

I give Dr. Lindsay Martin permission to use IvyPay to bill my credit card.

Client Name

Client Signature

Date

LPC & NCC Candidate Supervision Contract

1. Supervision Guidelines:

The supervision provided will be individual supervision only. The supervisee is responsible to check with the PA State Board and website to ensure that they are following the guidelines for LPC's and/or the NBCC website to ensure compliance with NCC guidelines. Additionally, they must ensure that they are using their work hours and supervision hours in accordance with the Board's expectations and guidelines. The PA State Board for LPC's requires 2 hours of supervision

for every 40 hours of supervised clinical experience. At least one of the two hours must be individual, and one of the two hours may be in a group setting. I provide only individual supervision at this time.

2. Individual LPC Supervision Costs:

The cost for individual LPC/ NCC supervision with Dr. Lindsay Martin is \$80 per session. There is no charge for cancellations made 48 hours (2 business days) in advance. Less than 48 hours' notice requires full payment for the missed session.

3. Supervisor Accessibility for Emergency Consultation:

While I attempt to be accessible for emergency consultations for therapeutic emergencies, this may not be possible depending on my schedule. You may text message Dr. Martin during and after normal business hours at [# 484-424-9202](tel:484-424-9202) to request a phone consultation. Together, we will make plans to discuss your concerns. In the case where Dr. Martin is not immediately available, please contact your on-site agency supervisor, on-site internship supervisor, and/or school internship supervisor, as applicable and appropriate.

If a client/patient you are working with is in imminent danger and/or your client/patient is posing an imminent danger to another person, please call 911 immediately.

4. Therapeutic Emergency Procedures:

The process for addressing suicidal or homicidal ideation and other high-risk situations is to follow standards of common practice. This includes judging the degree of dangerousness and its immediacy through appropriate clinical evaluation, consultation with relevant parties, and mutual agreement, including the client (except in the cases of involuntary psychiatric hospitalization), on the most clinically sound course of action. Duty to warn potential victims is also an action that must be considered.

Actions for addressing therapeutic emergencies may include, but are not limited to, psychiatric hospitalization (voluntary or involuntary), family/friends/client agreeing to not leave the client alone and agreeing to follow commonly accepted support strategies, resolving the precipitating issues that led to the ideation/situations through commonly employed personnel by **calling 911**, and any other action within the standards of common practice in the field to eliminate imminent danger to self/others or other high-risk situations.

5. Confidentiality and Ethics:

The supervisee understands and agrees to comply with the ethics codes and applicable laws pertaining to confidentiality. This includes the proper response to subpoenas, requests for records, storage and maintenance of records, and other actions that protect the client's confidentiality. The supervisee is knowledgeable about and committed to abiding by all codes regarding confidentiality.

6. Client Communication and Consent:

Supervisees must make clients aware of their supervisee status and obtain written permission to communicate on specific cases. This is typically in adherence with the supervisee's agency or workplace standards and might include permission under standard intake paperwork that includes reference to supervision.

7. Avoidance of Dual Relationships:

The supervisor and supervisee do not engage in dual relationships which might impair their objectivity and professional judgment, neither with each other nor with clients.

8. Exchange of Information and Fulfillment of Duties:

The supervisee agrees that the supervisor may exchange any information obtained in the supervision process with other supervisors if indicated, specifically if supervisees are attending group supervision and receiving individual supervision elsewhere. The supervisor and supervisee agree to fulfill their respective duties, which may include but are not limited to proper preparation for supervisory sessions, reviewing documentation of diagnoses, treatment plans, session notes, and pertinent caseload information, listening to and watching and providing/receiving instructive feedback of tapes or videos and/or observing the counseling process, sharing timely and relevant professional literature in the field, and maintaining an appropriate professional atmosphere.

9. Documentation and Receipts:

The supervisor will provide a receipt on a quarterly basis or other frequency if requested and keep notes and records on supervision sessions and will follow supervisor's standards.

10. Ongoing Evaluation:

Supervision evaluation will be completed by the supervisor and supervisee on an ongoing basis throughout the course of supervision, with both parties addressing each other's professional performance and reviewing goals, expectations, and progress.

This contract has been created to address the legal, ethical, practical, and clinical issues of the supervision relationship. It is intended to articulate and clarify the complex and mutual responsibilities of the parties involved, the procedures of the supervision, and the personal development needed to become a capable and responsible professional deserving of independent professional practice.

Acknowledgements

I, _____, (hereinafter called the “supervisee”) and Dr. Lindsay Martin, PhD, LPC, NCC (hereinafter called the “supervisor”) agree to the practices and the expectations of professional supervision services as outlined above.

Supervisee Name _____

Supervisee Signature _____

Date _____

Supervisor Name _____

Supervisor Signature _____

Date _____
