

**TEXAS BEHAVIORAL HEALTH EXECUTIVE COUNCIL
TEXAS STATE BOARD OF EXAMINERS OF PROFESSIONAL COUNSELORS
Supervisory Agreement Form**



SUPERVISORY AGREEMENT FORM

This is not a contract between supervisee and supervisor.

This form is for individuals applying for an LPC Intern license. You and your prospective supervisor must fill this form out together. The supervisor is responsible for sending this form to the address below.

You will not receive a separate letter approving this supervisor. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form.

Please Complete Both Sides: Incomplete Forms Will Not Be Processed

I. Intern:

Name: _____
Last Name First Name M.I.

Social Security Number: _____ Telephone #: _____

II. Supervisor:

Name: _____
Last Name First Name M.I.

License #: _____ Issued: _____ Expiration Date _____

III. Information regarding Supervised Experience:

- **Type of Setting:** Private Practice ___ Hospital ___ School ___ Volunteer ___ Government Agency ___ Nonprofit ___ Other ___
- **Type of Counseling Experience to Be Gained:** (Check all that apply): General ___ Group ___ Marriage & Family ___ Drug & Alcohol ___ Career & Vocational ___ Rehabilitation ___ Academic ___ Child & Adolescent ___ Art Therapy ___ Other ___
- **Average Number of Hours Expected To Be Gained Per Week:** _____
- **Types of supervision to be used:** In person ___ Live internet web cam ___ other _____

SUPERVISEE AND SUPERVISOR MUST KEEP A COPY OF THIS FORM FOR RECORDS

IV. Intern Acknowledgments: (Please initial each statement verifying you reviewed and agree.)

I, as applicant, affirm all information provided by me on this form is true and accurate and I affirm the following:

_____ I have read the board rules related to supervised experience and agree all supervised experience will be completed in accordance with board rules.

_____ I will meet with my supervisor four times per month.

_____ I will abide by all rules of the board, including ethics requirements.

Applicant Name: _____
Supervisory Agreement Form

_____ I understand the LPC Intern license does not give me the authority to engage in the independent practice of counseling.

_____ I understand the LPC Intern license is only valid while I practice under supervision.

_____ I will notify the board if this supervisory arrangement is terminated.

_____ I have verified that my supervisor is a current, active LPC Supervisor through the board's website.

_____ **I understand an Intern Supervisor Change Form must be sent to and approved by the board, in advance, if I wish to change or add a supervisor. I understand that it is my responsibility to verify on the board's website the supervisor change is approved before supervision begins with a new supervisor. The issuance of the LPC Intern license represents approval of the initial supervisor agreement form.**

V. Supervisor Acknowledgments: (Please initial each statement verifying you reviewed and agree.)

I, as the board-approved supervisor of the above-named applicant, affirm that all information provided by me on this form is true and accurate, and I affirm the following:

_____ All supervised experience will be completed in accordance with board rules related to the Code of Ethics and supervised experience and all subsequent board rules.

_____ I will provide supervision to the above named applicant four hours per month.

_____ I understand I have full professional responsibility for services provided by the applicant.

_____ I understand the supervisee cannot independently practice counseling until he/she obtains a full LPC license.

_____ I understand the supervisory arrangement must be reflected on all billing documents.

_____ I understand the supervisory arrangement is only valid while my license remains current.

_____ I will notify the board within 30 days if/when supervision ends as directed by board rule.

_____ I will keep my supervisor status current and understand that it is my responsibility to inform the intern should my supervisor status lapse.

_____ **I will verify that my intern has received an LPC Intern license before supervision begins and before he/she is assigned to me as a supervisee. I understand that no hours will count for the intern if required documentation is not approved by the board office. I will verify on the board's website that my intern has been approved to be supervised by me before supervision takes place. Both my intern and I will contact the board regarding any issue with supervision.**

Signature of Supervisor

Signature of Intern

Printed Name of Supervisor

Printed Name of Intern

Date

Date

Mail to: TX BHEC TSBEP, 333 Guadalupe, Ste. 3-900, Austin, TX 78701

Applicant Name: _____
Supervisory Agreement Form

SUPERVISION CONTRACT

This Supervision Contract is to be effective the _____ day of _____ 20_____, between _____, the Supervisor, and _____, the Supervisee.

GOALS OF SUPERVISION

- monitor client welfare
- complete licensure requirements
- provide growth opportunities for the supervisee to become a competent and independent practitioner after licensure

THE SUPERVISOR:

- will provide the Supervisee with (1) one hour per week of face-to-face supervision (either individual or group)
- will monitor the supervision hours to make sure that at least half of the supervision hours are individual
- will make sure that any group supervision will not have more than six supervisees
- will provide ongoing feedback to the supervisee and written evaluations several times a year
- will intervene when client welfare is a concern
- will review ethical codes and licensure laws
- will ensure that the supervisee is operating within the established ethical codes and licensure laws
- will encourage professional growth
- will maintain case notes of the supervision sessions on a weekly basis
- will maintain contact with the site where the supervisee is gaining the licensure hours; contact can be by visits to the site and/or phone calls; a separate release form is attached to this contract
- will assign research and reading on clinical issues
- **will not sign off on any hours if the supervisee did not attend supervision for that week**

THE SUPERVISEE

- will purchase malpractice insurance at his/her own expense, and have evidence of that insurance prior to seeing clients
- is expected to come to supervision prepared to discuss all cases and be prepared to focus on ethical/legal/reporting issues
- is expected to learn to conceptualize cases and discuss treatment strategies
- is expected to keep a log of all activities, including direct and indirect hours
- is expected to uphold ethical guidelines and licensure laws
- is expected to complete assignments from supervision sessions
- **will not** conduct any type of counseling by email or text. They are only to be used for administrative issues such as scheduling/changing appointments.

SUPERVISION CONTRACT

COMPENSATION FOR SUPERVISION

The Supervisor will provide the Supervisee with a written bill during the first week of every month for the prior month's supervision sessions. Payment is expected at that time. In the event the Supervisee cannot make a scheduled supervision session, the Supervisee is required to contact the Supervisor in writing 24 hours in advance. Notification within less than 24 hours or a no show will result in a charge of \$37.50 (half regular fee)

Session fees:

\$ 75.00 for individual sessions (may include two supervisees)

\$ 75.00 for group sessions

CONFIDENTIALITY

All supervision sessions are under the same rules of confidentiality as the clinical sessions. Any breach of confidentiality may result in the termination of the supervision contract. **If a text is sent to the Supervisor, the Supervisee is not to use any names or identifying information. If email is used to contact the Supervisor, use initials to identify the client.

EMERGENCIES

The Supervisee may contact the Supervisor at the following numbers in case of an emergency: Do not use text or email to contact supervisor in case of emergency

Cell: _____

TERMINATION

This contract may be terminated at any time by either party without cause. If the Supervisor has any concerns about the competence of the counselor, the Supervisor may assign remediation strategies prior to signing for any hours.

Otherwise, this contract will terminate when the Supervisee completes the required hours and meets all expectations for licensure.

Supervisor's signature

Supervisee's signature

Date

Date

RELEASE OF INFORMATION

I, _____,
PROSPECTIVE SUPERVISEE/CURRENT SUPERVISEE NAME

give my consent to _____,
PROSPECTIVE /CURRENT SUPERVISOR NAME

to request or provide information regarding myself which may be helpful in the supervision process of my licensure hours. I understand the following:

- This consent may apply to written or oral communication.
- My Prospective/Current Supervisor may be discussing my counseling skills and abilities and professionalism with my previous LPC-Associate supervisor(s), site supervisor(s), employer(s), at the named organization(s) listed below.
- In the case of a current LPC-Associate Supervisor, the information gathered may be used as grounds to terminate our supervisory relationship.
- In the case of a prospective LPC-Associate Supervisor, the information gathered may be used as grounds to decline to enter a supervisory relationship.

Please list ALL sites where supervised experience was accrued. For additional sites please use another sheet of paper and attach.

ORGANIZATION _____

ADDRESS _____

PHONE NUMBER _____

EMPLOYER _____

SITE SUPERVISOR _____

LPC-ASSOCIATE SUPERVISOR _____

ORGANIZATION _____

ADDRESS _____

PHONE NUMBER _____

EMPLOYER _____

SITE SUPERVISOR _____

LPC-ASSOCIATE SUPERVISOR _____

RELEASE OF INFORMATION

I understand the terms of this release and attest that I have made a complete list of former sites and supervisors. This consent will expire at the completion of the Supervisee's hours for licensure.

PROSPECTIVE/CURRENT SUPERVISEE SIGNATURE

DATE

PROSPECTIVE/CURRENT LPC SUPERVISOR SIGNATURE

DATE

Supervision Hours Log- Site:

(To be completed and signed each week)

Date (MM/DD-YY)	Direct Supervision Hours	Direct Clinical Hours	Indirect Hours	Total Experience Hours Earned (cumulative)	Supervision Session Content	LPC-S Initials	LPC-Intern Initials
Cumulative Hours							
LPC-S Signature							
Intern Signature							

Date: / /20

Date: / /20

Note: This document may be used by the Board-Approved Supervisor or Intern to assist with tracking of experience hours.

Guidelines for Supervisees

Supervisees are advised to maintain the following attitudes and behaviors to ensure clinical supervision is a worthwhile pursuit that benefits their work, clients and organization:

1. Actively participate in developing a working alliance with your supervisor.
2. Actively participate in negotiating the supervision contract at the beginning of the relationship. As a supervisee, you are not responsible for initiating the contract, but you should be prepared to discuss practicalities such as scheduling, past experiences of supervision, goals and expectations of supervision, theoretical or philosophical underpinnings of your work, hopes and concerns about the supervisory relationship, current developmental level as a helping professional, particular skills and knowledge, and learning needs. The contracting stage may include many other topics, and its depth and breadth depend entirely upon the sense of safety, trust, openness, and awareness that exists between you and your supervisor, which should amplify over time. It is expected that contracting would be reviewed and revised as needed.
3. Prepare for supervision sessions in whatever manner is agreed upon with your supervisor. Your supervisor should discuss with you the modalities and methods that will be used in the supervision process so that you know how to prepare (e.g., case presentation, filmed session, etc.). Additionally, you should identify what you are hoping to achieve by raising a particular problem or issue in supervision (e.g., Why this client? Why now? What would be a helpful outcome of the supervision session?).
4. Keep records of supervision, as a reminder of helpful ideas and possible interventions, to ensure agreed-upon action is taken, and to refer to in future if needed. These should be kept separate from clients' files.
5. Be prepared for reflective processes. Clinical supervision is about much more than the actual content of the client work; it is also about the process of the work, which includes the dynamics

occurring between you and your client, and reflection on whether your emotional responses to the client are aiding or hampering a successful outcome.

6. Be open to feedback and reflect on its implications for future practice. Also, be prepared to offer feedback to your supervisor about the experience of the supervisory process and relationship.

7. Take responsibility for your own defensive responses and be prepared to address them. This requires awareness of what is triggering a defensive reaction: Is it the clinical supervisor, about whom one was given no choice? Is it the idea that clinical supervision is only for students, or inexperienced workers? Is it that an uncomfortable dynamic has occurred in the course of supervision, such as perceiving the supervisor as overly didactic and directive? Is it fear of being seen as incompetent?

8. Take responsibility for your own professional development and personal self-care. Clinical supervisors should assist supervisees in developing a plan that helps them to enhance their knowledge and skills as well as resourcing them against compassion fatigue and burnout, but it is your job to collaborate in this effort, and to look after yourself.

CONSUMER COMPLAINTS

**A PERSON WHO PROVIDES PROFESSIONAL
COUNSELING SERVICES
TO CLIENTS MUST BE LICENSED, UNLESS
EXEMPTED BY STATE
LAW.**

**A CONSUMER WHO WISHES TO FILE A
COMPLAINT AGAINST AN
INDIVIDUAL LICENSED BY THE BOARD
MAY CALL: 1-800-942-5540
OR
MAY VISIT: www.dshs.state.tx.us/counselor
OR
WRITE TO:
TEXAS STATE BOARD OF EXAMINERS OF
PROFESSIONAL
COUNSELORS
MC1982
PO BOX 141369
AUSTIN TX 78714-1369**

Accurate Record Keeping and Billing

Your LPC is required to keep records of your counseling sessions for a period of five years past the last counseling session. These records include dates of treatment, case notes, correspondence, progress reports, and billing information.

Billing to you or your insurance company must be only for services rendered according to your agreement with your counselor. You cannot be billed for appointments that never existed, although you may be billed for appointments that were not cancelled in accordance with your counselor's cancellation policy.

If you are the parent or guardian of a minor who is in counseling, you are entitled to a written summary and explanation of charges.

No Sexual Activity

Counseling, by its very nature, often deals with the most private aspects of your life. It is your counselor's responsibility to ensure an atmosphere of safety for you, free from any kind of exploitation. The board does not tolerate sexual misconduct by professional counselors. An LPC is prohibited from engaging in sexual contact, sexual exploitation, or therapeutic deception with a client or a former client. Such misconduct constitutes grounds for revoking a counselor's license.

Maintaining a Professional Relationship

Your relationship with your counselor should be strictly professional in nature. For example, an LPC is not allowed to invite you into a business venture, barter with you for counseling services, ask you for personal favors, or subcontract with you to do office work. These examples are called "dual relationships" and are unethical. If you seek counseling with a personal friend, or someone with whom you already have a business or other type of relationship, the LPC must refer you to another mental health professional. Your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility. Even after your counseling has been completed, your LPC may not engage in any working or personal relationship with you without informing you that future counseling will no longer be a possibility.

Truthful Advertising

An LPC is required to be truthful when advertising counseling services to the public. You should receive accurate information regarding your counselor's training and credentials, as well as the scope of what may be accomplished in counseling.

More Information

Visit the board's web site for more information about licensed professional counselors. From this site, you may view or print the state laws and board rules that govern the provision of counseling services in Texas.

A Final Word

Much of the success of your counseling experience depends on you. You are most likely to reap benefits from counseling if you are motivated, honest, and willing to work at self-improvement and self-awareness.

If you have a complaint or concern, speak first to your counselor. If you are not able to resolve the problem, you can file a consumer complaint with the board. You may call our toll-free complaint hotline at (800) 942-5540 or contact us in writing or by e-mail at the addresses shown on the front of this brochure.

This brochure is for general informational purposes and does not constitute a legal agreement between any person and The Texas State Board of Examiners of Professional Counselors (board). All of the information provided is believed to be accurate and reliable; however, the board assumes no responsibility for any errors. This information is not copyrighted; you are welcome to copy and distribute this brochure.

Complaints should be directed by phone to the LPC Board
Office 512-834-6658.
Complaint Hotline: 1-800-942-5540

*Texas State Board of Examiners
of Professional Counselors*

**What to Expect
from your
Licensed Professional
Counselor**

Your name and address here

**Texas State Board of Examiners of
Professional Counselors**
PO Box 149347
Austin, Texas 78714
Phone: 512-834-6658
Fax: 512-834-6677
E-mail: jpc@dshs.state.tx.us
Web site: www.dshs.state.tx.us/counselor

Who are Licensed Professional Counselors?

Licensed Professional Counselors (LPCs) are regulated by the Texas State Board of Examiners of Professional Counselors, a state board whose members are appointed by the Texas Governor to carry out the general oversight of professional counselors in Texas. LPCs provide counseling services in accordance with state law and the board's rules. This includes following the code of ethics that the board has established for the counseling profession.

This brochure is intended to inform you of the ethical conduct that you may expect from your professional counselor.

Your counseling is for you. Everything about the process should focus on enhancing your personal growth and your ability to cope with life's problems. You should expect to be treated with dignity in a professional manner. When you invest yourself in the counseling process, you can experience the satisfaction of working successfully at some of the most important issues in your life. The guidelines established by the Texas State Board of Examiners of Professional Counselors (the board) are aimed at promoting a positive counseling experience.

Valid License

You may visit the board's web page to view a roster of counselors to determine if a counselor is currently licensed. The web page also contains information about disciplinary actions taken against counselors. If a person's name does not appear on the roster, you should call the board office. Licenses must be renewed every two years, and every month a certain number of licenses expire, it is possible that your counselor's name may not appear on a roster that is posted while your counselor is in the process of license renewal.

Practicing within the Scope of the Counseling Profession

Your LPC has been trained to provide counseling services. This means assisting you through a therapeutic relationship, using a combination of mental health and human development principles and techniques, including the use of psychotherapy, to achieve your mental, emotional, physical, social, educational, spiritual, or career-related development and adjustment. An LPC may prevent, assess, evaluate, and treat mental, emotional, or behavioral disorders and distresses that interfere with mental health. An LPC may also implement and evaluate treatment plans using interventions that include counseling, assessment, consulting, and referral.

You may have occasion to ask questions that require legal, medical, or other specialized knowledge. If so, you should seek advice from your attorney or primary care physician or ask your counselor for a referral to a specialist in your area of concern.

Information at Initial Session

At or before your first counseling session, you and your counselor should discuss general information relating to your counseling relationship, such as:

- fees for counseling and scheduling, cancellation, and payment policies
- goals that will guide the counseling process and methods or techniques that will be used during counseling
- any restrictions under which your LPC may be practicing (for example, whether or not the LPC is under the supervision of another mental health professional)
- confidentiality aspects of counseling and the circumstances under which something you say would not remain confidential
- other persons that may be included in the counseling process (for example, a team approach in the counseling office or the involvement of a local minister)

Confidentiality

Everything you discuss with your counselor remains confidential with only a few exceptions. You must give signed permission before your LPC can share information with anyone about any aspect of your counseling. If you do give permission, you will have an opportunity to specify who should receive information from your file, what information they are allowed to receive, the purpose for which they may use the information, and the period of time during which you are granting the permission. Be sure to read carefully any "Release of Information" or "Consent" form that you may be asked to sign. Be sure to ask any questions that you may have. The common situations requiring a release of information include certain inquiries from insurance companies, a new counselor wanting to use records from a previous counselor to provide continuing care, and collaboration with another agency or professional in your treatment. Sometimes, certain situations override your confidentiality. For example, if you are involved in a criminal case, the judge can order your file to be turned over to the court. If you make statements that a child or an elderly or disabled person has been abused or neglected, your counselor is required by law to report that information to the appropriate authorities. If you make statements that indicate you intend to harm yourself or others, your LPC may report that information to medical or law enforcement personnel. There are other similar situations that your counselor should discuss with you before or during the initial session. Apart from these rare circumstances, however, you can be assured that the only people who will have access to your records or statements are those for whom you have given written consent. This privacy gives you the freedom to speak openly and honestly with your counselor about your thoughts and feelings.

Parents have a right to receive progress reports on their child's counseling. However, personal information shared by a child during an individual session will be kept confidential unless it involves imminent danger to the child or someone else. Young people will not confide in a counselor if they believe that personal information will be revealed to their parents. You have a right to a copy of your own counseling records. This right is guaranteed under state law (Texas Health and Safety Code, Chapter 611.) You may be charged a reasonable fee for a copy of your records. Certain portions of your record may be withheld from you for a period of time for specific reasons as described in the law. You may read the text of this law through a link at the board's web site.