

Elizabeth Venart, M.Ed., N.C.C., L.P.C., *Licensed Professional Counselor*
1811 Bethlehem Pike, Suite 212-213 • Flourtown, PA 19031 • 215.233-2002

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: _____ Secondary Number: _____

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 text to Elizabeth’s cell phone at 267-210-9363 and also by email to ElizabethLPC@comcast.net

Client Signature

Date

IvyPay – Credit Card Billing

Elizabeth Venart 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. Elizabeth Venart 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 Elizabeth Venart LLC permission to use IvyPay to bill my credit card.

Print Name

Signature

Date

LPC Candidate Supervision Contract

1. The supervision will be individual and/or group supervision. The supervisee is responsible to check with the PA State Board and website to ensure that they are following the guidelines for LPCs and that they are using their work hours and supervision hours in accordance with the Board's expectations and guidelines including 2 hours in person for every 40 hours of supervised clinical experience. At least one of the two hours needs to be individual and one of the two hours may be in a group setting.
2. The cost for individual LPC supervision is \$125/session. There is no charge for cancellations made 48 hours (2 business days) in advance. Less than 48 hours notice requires full payment. If you participate in weekly individual supervision in addition to group supervision, the cost for LPC individual supervision is discounted to \$100/hour.
3. The cost for participation in Group Supervision is \$50/hour (\$100 for the 2-hour group) and payment is due at the beginning of each session (or billed through IvyPay if paying by credit card).
4. The supervisor is accessible for consultation and for therapeutic emergencies by calling the office at 215-233-2002 or after hours by texting or calling her cell phone at 267-210-9363. 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 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. 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. 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. 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. 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.
9. 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.
10. 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.
11. 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).

Parties

We, _____, (hereinafter called the "supervisee") and Elizabeth Venart, LPC, (hereinafter called the "supervisor") agree that the supervisor will provide professional supervision services as outlined above.

Signature of Supervisee Date

Signature of Supervisor Date