Clinical Supervision Contract (Multi-State)

This contract establishes the supervision relationship between the Supervisor and Supervisee for the purpose of promoting ethical, competent clinical practice and professional development. It is intended for multi-state use and must be adapted to the supervisor's/supervisee's discipline(s), setting policies, payer requirements, and the jurisdiction(s) in which services are delivered.

A. Contract Summary

Item	Details
Supervisor	**Name:** [ ] **Credentials:** [ ] **License:** [Type/State/Number] **NPI (if relevant):** [ ]
Supervisee	**Name:** [ ] **Credential status:** [Associate/Intern/Resident/Provisional/Other] **Registration # (if relevant):** [ ]
Setting	[Agency / Private practice / Group practice / Integrated care / Telehealth]
Practice locations / modality	[In-person sites] and/or [Telehealth states served]
Effective dates	[Start date] – [End date]
Supervision frequency/format	[e.g., 60 minutes weekly individual; 90 minutes biweekly group; plus ad hoc consult]
Supervision methods	[Case review; live observation; audio/video review; co-therapy; chart review; standardized measures review]
Documentation system	[EHR name / Supervision log location / secure drive]
Emergency escalation protocol	**How/when to contact:** [ ] **After-hours plan:** [ ] **Back-up supervisor:** [ ]
Fees (if applicable)	[$]/[session] **Payment terms:** [ ] **Late fee:** [ ]
Cancellation policy	[Notice required] **No-show:** [fee/expectations]

---

1. Purpose and Scope of Supervision

1.1 **Purpose.** Supervision is a structured, evaluative, and educational process designed to support ethical decision-making, clinical competence, professional identity development, and client welfare.
1.2 **Scope.** Supervision includes review of clinical work, documentation, risk management, professional conduct, and skills development aligned with the supervisee's authorized scope and training requirements.

© 2027 Interactive, Multi-State Clinical Mental Health Supervision Training Program

1.3 **Not psychotherapy.** Supervision is not psychotherapy, counseling, or treatment for the supervisee. Personal topics may be discussed only insofar as they affect clinical functioning, competence, professionalism, or client safety. If personal support is indicated, the Supervisor may recommend the Supervisee seek independent services.

---

2. Roles and Responsibilities

2.1 Supervisor Responsibilities

The Supervisor agrees to:

- Provide supervision consistent with professional standards, ethical codes, and applicable jurisdictional requirements.
- Clarify the supervisor's **role, evaluative authority, and gatekeeping responsibilities**.
- Establish and maintain a supervision structure (agenda, goals, documentation, evaluation cadence).
- Provide timely feedback, guidance, and learning resources; document significant supervisory decisions and directives.
- Maintain appropriate boundaries and manage dual relationships and conflicts of interest.
- Consult/refer as appropriate (e.g., legal counsel, ethics consultation, clinical specialists) when issues exceed the Supervisor's competence or require additional expertise.
- Support the supervisee in practicing within authorized scope, and intervene when practice poses risk to clients or the public.

2.2 Supervisee Responsibilities

The Supervisee agrees to:

- Practice within their authorized scope, role, and supervision requirements, and comply with setting policies.
- Prepare for supervision (agenda, case list, questions, documentation items, outcome data as required).
- Disclose promptly any clinical situations requiring consultation, including safety risks, complex ethical issues, and scope-of-practice concerns.
- Seek consultation before acting when directed by "stop-the-line" criteria (Section 6).
- Implement supervision directives and document follow-through; raise concerns or disagreements respectfully and promptly.
- Maintain professional conduct, timely documentation, and appropriate boundaries with clients and colleagues.
- Notify the Supervisor of any changes in credential status, employment setting, or restrictions/complaints that could impact practice.

2.3 Consultation Thresholds ("When to Consult")

The Supervisee will consult the Supervisor:

- **Before** initiating high-risk interventions outside routine scope/competence.
- **Immediately** when safety concerns arise (see Section 6).
- **As soon as possible** when uncertain about ethics, boundaries, documentation, or legal obligations in the jurisdictions served.

- **Before** responding to subpoenas, complaints, or formal requests involving clinical records (see Section 3).

---

3. Confidentiality and Limits

3.1 Supervision Confidentiality

Information discussed in supervision will be treated as confidential within professional and organizational standards and will be shared only as necessary for:

- Client safety and continuity of care,
- Training and evaluation processes,
- Quality assurance and clinical governance requirements,
- Compliance with lawful and ethical obligations.

3.2 Limits of Confidentiality

Confidentiality may be limited when there is:

- **Imminent risk** of harm to self or others,
- **Suspected abuse/neglect** or other mandated reporting triggers,
- **Court orders/subpoenas** or lawful demands for records,
- **Board/regulatory inquiries** or credentialing audits as permitted/required,
- **Professional impairment** concerns affecting client welfare,
- **Organizational reporting** requirements (e.g., sentinel events, critical incidents).

3.3 Records Requests, Subpoenas, and Complaints

The Supervisee agrees to **notify the Supervisor immediately** upon receiving any subpoena, legal request, payer audit request, or complaint relating to client care, documentation, or professional conduct. No records will be released without following setting protocol and consultation with appropriate organizational leadership and/or counsel.

---

4. Informed Consent Expectations (Client Disclosures)

The Supervisee will inform clients (and document in the client record, when required by setting policy) that:

- The Supervisee is practicing under clinical supervision and may consult the Supervisor regarding client care.
- The Supervisor may review relevant portions of the client record for training, quality assurance, and oversight.
- If live observation, co-therapy, recording, or use of de-identified materials occurs, the Supervisee will obtain any additional consent required by policy and applicable jurisdictional standards.
- Clients may ask questions about supervision involvement, including the Supervisor's role and credentials, within appropriate limits.

Optional clause (insert if used):
If sessions are recorded for supervision/training, the following will be specified: purpose, storage, access, retention, and destruction timeline; and the client may refuse recording without penalty to access to services (unless required by program conditions).

---

5. Documentation Standards

5.1 Supervision Notes and Logs

- **Required supervision note frequency:** [Each session / Weekly / Other].
- Notes will include: date/time, duration, format (individual/group), key cases/themes reviewed, risk items, directives given, supervisee action items, and follow-up plan.
- If the Supervisor provides **clinical directives** (e.g., safety plan steps, mandated reporting guidance), these will be documented in supervision records, and relevant actions will be documented in the client chart as appropriate.

5.2 Storage and Security

Supervision documentation will be stored in: [EHR module / secure drive / locked file]. Access is limited to: [names/roles].

5.3 Retention

Supervision records will be retained for: [time period] consistent with organizational policy and jurisdictional requirements in the service location(s).

---

6. Safety, Scope, and "Stop-the-Line" Criteria

6.1 Immediate Consultation Required

The Supervisee will **stop and consult the Supervisor immediately** (or follow the escalation pathway) when any of the following occur:

Safety and crisis

- Suicidal ideation with plan/intent, recent attempt, or escalating risk
- Homicidal ideation, threats, or credible risk of violence
- Acute psychosis, mania, severe dissociation, intoxication/withdrawal impacting safety
- Domestic violence escalation, stalking, or imminent danger indicators
- Medical emergencies or urgent psychiatric decompensation

Mandated reporting / protection

- Suspected child/elder/vulnerable adult abuse or neglect
- Sexual exploitation or trafficking concerns
- Serious neglect/endangerment issues

Scope/competence

- Clinical presentation exceeds supervisee competence or authorized scope
- Requests for specialized assessments or interventions beyond training
- Complex boundary issues (gifts, dual relationships, contact outside sessions)

Ethics/legal-risk

- Subpoenas, court involvement, complaints, threats of litigation
- Requests for record alteration, falsification, or problematic documentation
- Confidentiality conflicts and multi-jurisdiction telehealth complications

Provider functioning

- Any impairment concern (substance use, acute mental health issue, burnout) that could compromise client care.

6.2 Escalation Pathway

- **Primary contact:** [Supervisor phone/email]
- **Response expectation:** [e.g., within 15 minutes for high-risk; within 24 hours for non-urgent]
- **Back-up supervisor/clinical lead:** [Name/contact]
- **After-hours protocol:** [On-call line / crisis protocol / emergency services guidance]
- **Documentation:** Supervisee will document crisis actions in the client record per policy; Supervisor will document supervisory guidance in supervision record.

---

7. Evaluation and Feedback

7.1 Evaluation Cadence

- **Informal feedback:** each supervision session
- **Formal evaluation:** [monthly/quarterly/midterm + final]
- **Review domains:** clinical skills, ethics, documentation, cultural responsiveness, risk management, professional conduct, and progress toward competency benchmarks.

7.2 Tools and Criteria

Evaluation may include:

- Competency-based rating form (behaviorally anchored)
- Review of notes/treatment plans
- Audio/video or live observation rating forms
- Supervisee self-assessments and learning plans
- Outcome measures (where used in the setting)

7.3 Feedback Delivery

Feedback will be:

- Specific, behaviorally anchored, and linked to client welfare and competency development
- Delivered in a timely manner with clear action steps
- Documented when it involves significant performance concerns, corrective directives, or gatekeeping decisions.

---

8. Remediation and Gatekeeping (Due Process)

8.1 Performance Concerns

Concerns may include: repeated documentation deficiencies, boundary problems, ethical lapses, clinical skill deficits, professionalism issues, safety risk mismanagement, or failure to follow supervision directives.

8.2 Due Process Steps (Typical)

1. **Informal corrective feedback** with clear expectations and timeline
2. **Written notice** of concern(s) with supporting examples/evidence
3. **Remediation plan** specifying competencies, supports, measurable targets, and deadlines
4. **Increased supervision/monitoring** (as needed), including observation or chart audits
5. **Re-evaluation** at stated checkpoints
6. **Outcome determination:** successful remediation, extension, referral, restriction of duties, or termination of supervision/placement consistent with policy and obligations to protect clients.

8.3 Gatekeeping Authority

The Supervisor retains authority to recommend restrictions, additional training, referral to higher level review, or termination of the supervision relationship when necessary to protect clients, meet ethical duties, or comply with organizational/jurisdictional requirements.

---

9. Fees and Cancellations (If Applicable)

9.1 Fees and Payment

- Fee: [$] per [60/90] minutes
- Payment due: [timeframe/method]
- Late fee: [amount/conditions]

9.2 Cancellations and No-Shows

- Cancellation notice required: [24/48] hours
- No-show fee: [ ]
- Repeated cancellations/no-shows may result in: revised schedule, required pre-payment, or termination of supervision if it compromises training requirements.

---

10. Termination, Changes, and Signatures

10.1 Termination

This contract may be terminated by:

- Mutual agreement; or
- Written notice by either party with [notice period], except when immediate termination is required due to safety, ethics, or policy issues.

10.2 Contract Changes
All changes must be documented in writing and signed/dated by both parties.

10.3 Acknowledgment
By signing, both parties acknowledge understanding of supervision's evaluative nature, confidentiality limits, stop-the-line criteria, and the supervisee's obligation to comply with setting policy and applicable jurisdictional requirements.

Supervisor Signature: _______________________________ **Date:** ____________

Supervisee Signature: _______________________________ **Date:** ____________

© 2027 Interactive, Multi-State Clinical Mental Health Supervision Training Program