

Registered Associate Supervision Contract
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This contract applies to supervision between Registered Associates with Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) and working towards licensure.

Supervision Schedule:

Client hours are defined as face-to-face or voice-to-voice in a therapeutic relationship.

The Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) filed a [Temporary Rule Amendment](#), effective March 18 - September 13, 2020, followed by a [Permanent Rule Amendment](#) on October 2, 2020 that allows 100% of supervision hours to be conducted through live, synchronous confidential electronic communications.

- For client hours of **1 to 45 hours per month**, two hours of supervision are required within the month of the obtained hours (falling in different weeks).
- For client hours of **more than 45 hours per month**, three hours of supervision are required with no more than fifty percent of this time as group supervision.

Registered Associates may schedule more fee-based supervision at their request, but this does not count as future supervision hours required by the state.

Fees

- Individual supervision will be billed at \$100.00 per 50-minute hour.
- Group supervision is \$75.00 per 50-minute group, and \$90.00 per 90-minute group.
- Phone contact is prorated at \$100.00 per 50 minutes.
- Payment is required at or before the time of supervision. Cancellation with less than 24-hour notice incurs a 25% session fee.
- Fees must be paid in full each month to schedule supervision in the following month and must be paid in full in any 6-month reporting period to count as supervised hours.
- A fee of \$100.00 per 50-minute hour will be assessed for any additional required services which might include other needs such as: a request from the Registered Associate to consult with an agency, lawyer, state licensing board or counseling association; or a legal requirement as required in a mandatory legal proceeding.

Contact Information

My business phone is (503) 200-8696 and is maintained Monday through Friday 10 – 5 pm. In case of emergency call 911 or Multnomah County Crisis Line 503-988-4888. You may also leave me a message after hours and I will respond as soon as possible.

Emails and texts are used only to schedule appointments or request phone supervision, and not to communicate regarding client issues or concerns.

Dual Supervisors

When a Registered Associate utilizes two supervisors simultaneously, the Registered Associate will notify this supervisor of the nature of that supervision. It will be the responsibility of the Registered Associate to coordinate monthly reports, with each supervisor being independently responsible for their portion of supervision and monthly reports. In recognition of the different theory bases and models of supervision, if the Registered Associate is given different standards of treatment or guidelines for practice by supervisors, the Registered Associate takes on the sole responsibility for which guidelines they choose to follow.

Supervisor Absence

If extended leave or illness (more than 30 days) occurs an alternate supervision service will be referred or sought out by the Registered Associate with recognition that the supervision may not qualify for supervision with the state requirements (and thus direct client hours may be lost.) Every attempt will be made to coordinate with the state guidelines on how to supply approved supervision in this circumstance.

Compliance Issues

Registered Associates will be responsible for all necessary paperwork required to document hours for licensure. The supervisor will keep a copy of these records, supply required forms as needed for supervision, and keep ongoing documentation of Registered Associate's progress as needed for supervision.

Evaluation will be provided consistently and strategically to meet the requirements of OBLPCT for Registered Associates as well as sound ethical practices for supervision. Once every 6 months, Registered Associates will provide their evaluation form provided by the state delineating performance criteria as defined by the OBLPCT. It will be filled out by both Registered Associates and supervisor and used as a focal point for evaluation and determination of future professional growth goals. Every six months this will be condensed into the state required six-month evaluation form and submitted by the supervisor. See OAR 833-050-0091 attached for more information.

Per OAR 833-050-0081 the supervisor has the authority to:

- (a) Review and determine appropriateness of individual charts and case records.
- (b) Review and determine appropriateness of methodologies for keeping client confidentiality.
- (c) Direct the Registered Associate to refer clients to other therapists when client needs are outside the Registered Associate's scope of practice; and
- (d) Determine appropriate client caseload and population to be served by the Registered Associate.

Registered Associates will notify supervisor of any changes in their registration status with OBLPCT.

Delay and changes (more than two calendar months) in Registered Associate's registration will require renegotiation of the supervision contract.

It is expected that any differences and conflicts within the Registered Associate and supervisor relationship will be discussed face-to-face to reach a resolution.

Either party may terminate supervision at any time upon notification of the other.

Confidentiality and Privileged Communication Limits in Supervision

Every effort will be made to maintain both the confidentiality of any client cases discussed and Registered Associate information, but under Oregon statutes there is no provision for confidentiality between supervisor and Registered Associate. The following situations, among others, may require the sharing of confidential information:

- Report of harm to self or others
- Mandated reporting as required and defined by Oregon state law.
- Ethical code violations report to the board.
- Violation of laws or other legal proceedings related to client care and supervision.
- Failure to follow state Registered Associate guidelines.
- Sharing of information within group supervision to peers
- Supervisor's supervision

Registered Associates will include in their Professional Disclosure Statement as well as any informed consent form that they are under supervision and their information may be shared with the supervisor as a requirement of supervision. That statement will follow the requirements of OBLPCT.

Release of Information

A release of information will be designed for Registered Associates located within an agency setting for essential communications with that setting if deemed necessary for supervision purposes.

If the Registered Associate is in their own private practice, they must create a notification plan in case of their absence or incapacitation and a copy of this must be on file with their supervisor.

Ethics and Liability Insurance

Registered Associates will provide a copy of professional liability insurance along with proof of current registration as an intern with the OBLPCT. Registered Associates will be expected to be honest and forthright in their disclosure of counseling work. They will apprise the supervisor of any need, whether personal or professional, that requires them to stop practicing determining how the issue might change the supervisory relationship/contract. They will also notify the supervisor immediately of any changes to their insurance, and provide updated documentation as needed.

Registered Associates must follow the ACA, NBCC, OBLPCT, or other qualifying professional ethical guidelines to the best of their ability utilizing necessary supervision or consultation in the ethical decision-making process.

If the Registered Associate is not following the directives of the supervisor around client care as designated by the OBLPCT standards and ethics for client care or statues of the state of Oregon, the Registered Associate assumes sole responsibility for their actions (or inaction) and the supervisor may not be held liable and the Registered Associate will indemnify and hold the supervisor harmless in any legal proceeding. If the Registered Associate is unable to follow direction for competent care of clients or as designated by ethical guidelines supervision will be terminated.

Any additional considerations _____

By signing below, I am confirming that I will abide by all Oregon Board of Licensed Professional Counselors and Therapists (OBLPCT) requirements for Registered Associate supervision and that I have read, understood and agree to the conditions of this contract.

- ✓ I have provided a copy of my Professional Disclosure Statement as defined by OBLPCT regulations.
- ✓ I have provided proof of my Liability insurance coverage.
- ✓ I have provided copies of my Informed Consent I use with clients.
- ✓ I have provided copy of my contract with the OBLPCT as a Registered Associate.
- ✓ I have been forthright with any pertinent issues related to my business and abilities to be a Registered Associate and pursue supervision.
- ✓ I have provided the Supervision Information Form.
- ✓ I have been forthright with any pertinent issues related to my business and abilities to be a Registered Associate and pursue supervision.

This contract does not require payment except for the hours of desired or needed supervision, and only hours of supervision which are consistent with OBLPCT and are PAID FOR will count towards official supervised hours.

Registered Associate signature

Date

Printed name

Date

James Gurule, MA, LPC

Date