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**Tiffany Smith Counseling, Inc.**

1100 Parker Square, Suite 245

Flower Mound, Texas 75028

214-405-4030

[www.tiffanysmithcounseling.com](http://www.tiffanysmithcounseling.com)

## Supervision Contract

**Therapist/Trainee:**

<b>Name:</b>	
<b>Address:</b>	
<b>Telephone Number:</b>	
<b>Email:</b>	
<b>Internship Site:</b>	
<b>Internship Address/Phone</b>	
<b>Site Supervisor Contact Information</b>	

**Supervisor:**

<b>Name:</b>	Tiffany N. Smith, PhD, LPC-S, LMFT-S, NCC		
<b>Address:</b>	4317 Avon Court		
For Board Paperwork	Flower Mound, Texas 75028		
<b>Telephone Number:</b>	214-405-4030		
<b>Email:</b>	tiffanysmithcounseling@yahoo.com		
<b>LPC-S License #</b>	63209	Active date: 6/24/2009	Expiration date: 6/30/2025
<b>LMFT-S License #</b>	201220	Active date: 3/18/2010	Expiration date: 6/30/2025

## Supervision Requirements

*Attendance policy:* Supervision must be attended weekly. Supervision sessions are held at specific dates/times that will be provided to you. It is your responsibility to inform me of the session you wish to attend. If you are unable to keep a scheduled supervision session, please contact the office at (214) 405-4030 at least 24 hours in advance. I understand that family emergencies and health problems do come up and I am willing to consider them if you notify me as soon as you learn of the conflict. However, No-shows, last minute scheduling conflicts with other professionals, sports events, family events, require you to adhere to the 24-hour notice

policy. It is your responsibility to reschedule your Supervision session to ensure you have made up for time loss.

*Vacation/holidays/inclement weather:* My office follows the Lewisville ISD school District schedule for holiday and inclement weather closures. I will notify you in advance on any scheduled vacation so that we may reschedule your supervision. Additionally, please provide me with advance notice regarding any vacation or time off that you are needing, so that we may reschedule your missed sessions.

***Communication:***

*Telephone:* Tiffany Smith may be reached via telephone (214) 405-4030 and this number has a confidential voicemail system.

*Text Messaging:* This form of communication cannot ensure confidentiality and should be reserved for merely communicating regarding supervision appointments and general questions. Do not send client information via text message.

*Electronic Communication:* When I am available, I will respond to email communication. Sending client information via email is not HIPPA compliant and should never be used for this purpose. Therefore, email communication should be reserved merely sending and receiving information that is related to research, general inquiries, or any non-client specific information.

***Supervision Meeting Requirements:***

<b>Supervision Type</b>	<b>Number of hours required by Supervisor</b>
Individual (1 Trainee)	4x month
2 Trainees *counts as individual	4x month
3-9 Trainees	4x month
Group Supervision (10+)	4x year
Telephone	1xmonth

***Texas Licensing Requirements:***

<b>Licensure</b>	<b>Requirements</b>
LMFT	<ul style="list-style-type: none"> <li>• 3000 total hours and at least 2 years of supervised experience</li> <li>• 1500 direct client counseling contact</li> <li>• 750 couples/family direct client counseling contact</li> <li>• Remaining hours may be either direct or indirect experiences</li> <li>• Up to 500 hours may be transferred from a COAMFTE accredited doctoral program</li> <li>• Up to 150 hours may be transferred from master’s program Practicum if they exceeded the 300-hour requirement</li> <li>• 200 hours of supervision</li> <li>• 100 hours must be individual supervision</li> </ul>

	<ul style="list-style-type: none"> <li>• 50 hours of post-graduate supervision must be individual supervision</li> <li>• Less than 50 hours of telephone conference supervision</li> <li>• <u>15 hours Continuing Education Units (6 ethics) *per renewal period regardless of hours completed*</u></li> </ul>
LPC	<ul style="list-style-type: none"> <li>• 3000 total hours and at least 18 months of supervised experience</li> <li>• 1500 direct client counseling contact.</li> <li>• No more than 50% technological means of communication may count towards total hours accrued</li> <li>• 400 hours can be counted for excess practicum with no more than half of the excessive practicum hours being counted as direct client contact</li> <li>• Supervision must be attended weekly</li> <li>• No more than 50% of the total hours of supervision can be live Internet webcam supervision</li> <li>• No more than 50% of the total hours of supervision may be received in group supervision</li> </ul>
Academic (Practicum/Internship at TWU)	LPC track= 300 direct client counseling services (100 relational) LMFT track= 300 total (150 direct client counseling services/ 75 couples & families direct counseling services)
Academic (Practicum/Internship for ATM Commerce)	LPC track Practicum= 40 direct client contact hours (individual, group, co-therapy, family); 100 total hours LPC track Internship=240 total direct hours (120 per semester); 600 total

Documentation of Hours:

Clock hours (direct, indirect, and supervision) must be documented in logs and signed off by me weekly. Please do not include any identifying client information. These logs are for your records to document your supervised experience. These logs are not part of the client record. You can find examples of logs on the State of Texas BHEC Board website. However, you can feel free to use any method you prefer that works best for you.

*Client records:* It is imperative that I be able to review your client records to provide feedback on your notetaking and standards of record keeping. I am willing to work with your site Supervisor to ensure we follow all HIPPA requirements and ensure client confidentiality.

*Video Recording:* It is important that I be able to view your progress as a clinician. Video recording of your work with clients is essential to development. Recording client sessions during the initial part of supervision or any part thereafter is important for growth and development.

Video recording will be done with written client permission and stored on locked device. They will be destroyed following any weekly supervision sessions.

*Emergencies:* It is imperative that you are familiar with standards of practice regarding emergency situations and follow all necessary procedures in accordance with your selected site and Texas law. In the event of an emergency, you must notify me immediately. Additionally, informed consent forms should have a client designated Duty to Warn clause for you to contact in the event of an emergency. In some instance mandated reporting must be completed formally to outside agencies to comply with Texas law.

*Discontinuing Supervision Complaints:* It is also important to understand that you are free to discontinue supervision at any time and agree to notify me immediately so that we can complete the necessary paperwork. If at any time you wish to file a formal complaint regarding my supervision services, please contact the Texas State Board of Examiners of Professional Counselors and/or Texas State Board of Examiners of Marriage and Family Therapists, Complaints Management and Investigative Section, P.O. Box 141369, Austin, Texas 78714-1369; 1-800-942-5540.

*Legal Proceedings:* If you are currently involved or become involved with any legal proceedings, please inform me as soon as possible. It is important that we discuss how the proceedings might impact our work together. If legal actions occur, you will be responsible to pay me for the following even if the subpoena is sent from the opposing side of the case; (a) the time spent for travel to/from court at the rate of \$300.00 per hour; (b) the time spent on preparing testimony, telephone conferences with attorneys, copying client records, reports, witness time, and depositions at the rate of \$300.00 per hour; (c) the time spent on mediations and court appearances are billed at \$1,800 per half-day and \$3,200 per full-day. All fees must be paid in full prior to any work being done on the legal case.

### **Clarification of the Supervision Relationship**

*Supervisor's Role:* I approach supervision from the systemic dual-developmental lens. This allows you to develop professionally over time in your clinical skills and within your model of choice. Additionally, to enhance my growth as a supervisor, I meet monthly with other supervisors to provide me feedback that enhances your supervision experience. All confidentiality requirements outlined by Board ethics and rules are followed in these meetings.

In the beginning our relationship may require that you inquire and seek more instructional feedback. As your clinical skills and experience grows, so shall your supervision experience. Toward the end of supervision, you should feel more confident in your skills and our relationship will begin to appear like colleagues with you leading most of the sessions and offering guidance to less seasoned clinicians. My style is not micro managing and I expect you to maintain professional boundaries, complete required research/readings, and communicate openly and honestly. Additionally, any ethical concerns, client safety situations, or emergency situations should be brought to my attention immediately. Feedback will be provided orally to you unless it is necessary to place you on a written remediation plan.

*Supervisor Responsibilities:*

- I will ensure that you are aware and adhere to Board and Professional Rules and Ethics
- I will remain objective and professional in our relationship
- I agree to remain open and honest in our relationship regarding your clinical skills
- If you demonstrate incompetence in practicing counseling, I agree to notify you and implement a written plan for remediation that will be signed by you outlining a professional plan of action
- I agree to notify you should my license become expired or revoked and assist you with finding alternate supervision
- I agree to adhere to fee guidelines outlined in this agreement
- I am committed to confidentiality to the fullest extent allowed by Texas law. You should also know that there are certain situations in which I am required by law to reveal information obtained during Supervision to other persons or agencies without your permission. These situations include but are not limited to the following: (a) If you threaten bodily harm or death to yourself or another person; (b) If a court of law issues a legitimate court order (signed by a judge), I am required by law to provide the information specifically described in that order; (c) If you reveal information relative to child abuse, child neglect, or elder abuse (past or present), I am required by law to report this to the appropriate authority; (d) Any sexual improprieties or dual relationships with current or former clients must be reported to the Texas State Board, AAMFT Ethics Committee, and/or ACA Ethics Committee.

*Trainee Role:* Your role includes being familiar with all policies, procedures, and best practices for your clinical setting. Additionally, you will begin to craft your model of choice and begin to use your therapeutic skills in the manner that your model suggests. Should you be unsure of your preferred model, we will work together to assist you towards selecting one that is the best fit for you.

*Trainee responsibilities:*

- I will read and adhere to Board and professional rules and ethics. Should I need clarification on any rules, I will ask for clarification.
- I will remain objective and professional in our relationship
- I will remain open and honest in our relationship regarding my clinical knowledge and skills.
- I will document all client and supervision contact in my logs and provide them to you weekly.
- I will maintain professional responsibilities regarding my license including maintaining appropriate CEUs, liability insurances, reading current Board rules, maintaining current ACA/AAMFT memberships, and keeping my license current (if applicable).
- I agree to adhere to fee guidelines outlined in this agreement.
- I agree to adhere to confidentiality to the fullest extent allowed by Texas law.

- I agree to follow all recommendations made by my supervisor.
- I agree to sign any necessary ROI's so that my supervisor can communicate with my current and former clinical sites.
- I agree to familiarize myself with all necessary procedures for assessing and addressing safety concerns that could potentially arise in a clinical setting, including but not limited to domestic violence, child abuse, homicidal ideation, suicidal ideation, and substance abuse by minors. Should safety issues arise with a client, I agree to notify my supervisor immediately.

### **Supervision Fees**

Trainee enrolled in FMC Financial Assistance Program = \$0 per session (*Program available to FMC Contractors only. Need to retain a minimum of 7 client sessions per month to remain enrolled*)

Group Supervision (5+ open group session) = \$0

Group Supervision (3trainees) = \$60.00 per 50-minute session

Individual Supervision (2trainees) = \$90.00 per 50-minute session

Individual Supervision (1trainee) = \$150.00 per 50-minute session

Telephone/Video Conf Supervision = \$150.00 per 50-minute session

Emergency Consultation = \$0

### **Licensing Supervision Agreement**

I am seeking licensing Supervision for the following areas (please check all that apply):

- Licensure as a Marriage and Family Therapist Associate  
 Licensure as a Professional Counselor Associate  
 Practicum/Internship Student

1. I agree to enter Supervision with Tiffany N. Smith, PhD, LPC-S, LMFT-S, NCC.
2. I understand that weekly Supervision is mandatory by the State Board of Texas and any Supervision appointments missed will be my responsibility to reschedule.
3. I understand it is my responsibility to follow all Ethical Rules and Regulations set forth by the State Board of Texas and I agree to uphold those standards of good practice.
4. I agree to maintain memberships with the American Counseling Association and/or American Association for Marriage and Family therapy, and I agree to uphold their ethical guidelines and standards for good practice.
5. I agree to complete the necessary Continuing Education Units (if necessary) for my licensure and understand that should I fail to do so could result in penalties and fees sanctioned by the Board. I will provide documentation of all completed CEUs to my Supervisor.
6. I understand that should I not operate under good standards of practice my Supervisor may terminate our relationship and report this to the Board.
7. I always agree to be in communication with my Supervisor regarding any questions or concerns I have during my Internship.

8. I agree to contact my Supervisor during emergency situations to ensure that a collaborative plan is in place and I am following best standards of practice.
9. I agree to notify my Supervisor immediately should any of my sites change or any concerns arise regarding my place of practice.
10. I agree to notify my Supervisor immediately if I am ever arrested for anything other than a minor traffic violation as I am aware that could potentially impact my licensure status.
11. I agree to notify my Supervisor immediately should it be known that I have been reported to the Board for any violation.
12. I agree to maintain current liability insurance concurrent with Board rules and standards of practice.
13. I agree to the terms of payment for my Supervision but understand I am not an employee of Tiffany Smith Counseling, Inc.
14. I understand should I no longer be able to pay for Supervision services I must contact my Supervisor immediately.
15. I understand if I am an LMFT Associate it is my responsibility to complete my required CEU's each renewal period and not that of my Supervisor to secure for me.

\_\_\_\_\_  
Therapist Intern/Trainee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\*\*\*The date on this document is the date the supervisory relationship begins. \*\*\*