

# SAMANTHA SLAUGHTER, PSYD

3429 FREMONT AVE N, STE. 305

SEATTLE, WA 98103

P: (206) 300-2452 F: (206) 547-5298

NPI # 1104058692; Lic # PY60075756; TIN 90-0851236

SAMANTHASLAUGHTERPSYD@GMAIL.COM

## SUPERVISION AGREEMENT

This constitutes an agreement between Samantha Slaughter, PsyD, (supervisor) and \_\_\_\_\_ (resident) for the provision of supervision services by Dr. Slaughter to the resident. We agree to meet on the schedule mutually decided upon. The fee for a supervision session, which will last 45 minutes, will be \$120.00 or other mutually agreed upon amount. Fees will be raised \$5.00 in even-numbered years. Extra time spent in supervision will be charged at a prorated fee.

We agree to the following rights and responsibilities in this supervision relationship:

1. The supervisor and resident acknowledge that the supervisor has clinical and legal responsibility for the acts and omissions of the resident. As such, the resident agrees to abide by the supervisor's advice and direction regarding possible risks in practice. The supervisor agrees to offer such advice and direction as needed to protect the welfare of the resident and her or his clients. Failure by the resident to inform the supervisor of risk, as described below, will be considered as an abrogation of this contract by the resident. The resident will inform the supervisor of potential risk situations by voicemail, cell phone, or email within 24 hours and follow up on these issues at the next scheduled supervision meeting. The supervisor may be available between scheduled sessions for additional supervision in person or by phone as needed on an emergent basis. When the supervisor is on vacation, the resident may utilize the services of the supervisor's regular backup or may arrange her or his own back-up supervision.

Risk situations are defined as follows for purposes of this agreement:

- any client who is at imminent risk of harm to self or others
- any client who reports suspected child or vulnerable adult abuse
- any client reporting erotic or violent feelings toward the resident therapist

2. The resident will maintain her/his own professional liability insurance coverage at all times. Resident will not be covered by supervisor's liability insurance. Resident will maintain licensure or certification in state of practice appropriate to her or his training. Resident agrees to abide by the 2002 revision of the Ethics code of the American Psychological Association or the appropriate professional association with which she or he is affiliated.
3. The content of supervision sessions will be held in confidence with the following exceptions: a. If resident releases supervisor in writing to share information for specific purposes; b. If supervisor receives a court order requiring release of information; and/or c. If resident persists in actions that supervisor has advised are ethically or legally potentially actionable. Supervisor reserves the right at this time to report resident to regulatory or ethical authorities and to immediately end supervision services if this should occur.

Resident is free to end supervision services at any time, at which point supervisor will cease to hold legal and clinical responsibility for the clients treated by resident. Ending of supervision services by resident must be done in writing.

- 4. Resident will provide supervisor with copies of case notes on all clients under supervision. Case notes shall conform to standards for note-taking as defined by the resident’s profession. Supervisor will complete, as needed, all forms attesting to the supervision of the resident that might be needed for resident’s further credentialing.
- 5. Resident understands that the supervisor may request audio recordings of sessions and random review of audio recordings for purposes of resident education and/or quality control. The resident will inform all new clients in writing in an office policy statement of her or his residency status, the identity of the supervisor, and the potential for audio recording for purposes of supervision.
- 6. Resident understands that the supervisor must report any impairment for any reason to the Department of Health, as mandated by Washington State Law.

I understand and agree to the terms of this supervision agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Resident: \_\_\_\_\_ (printed name)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 Supervisor: Samantha Slaughter, PsyD