



ANDREA GARRAWAY

Supervisor

CONTACT

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Wellness Center Inc. Informed Consent

I, **Andrea Garraway** agree to provide, _____ with clinical supervision. The format for supervision will be face-to-face, individual clinical supervision, for one hour per week for seven sessions (free). The purpose of clinical supervision is to monitor and ensure welfare of clients, promote the development of supervisees' clinical and professional identity, evaluate competence of supervisee and fulfill requirements for licensure.

PROCEDURAL CONSIDERATIONS

All supervisee cases will be reviewed on a rotating basis and in accordance to the priority needs of each case. Clients of the supervisee must give informed consent for supervision of their cases, including supervisor's name and contact information. Case/clinical documentation will be reviewed at each supervision session. In the event of an emergency, supervisee will contact supervisor. If supervisor is not available, then contact (C. Pringle, CCS. 704-499-2572). The content of our sessions and evaluations is kept strictly confidential, except when disclosure is required by law or when (other circumstances when information may not be confidential) and with my doctoral supervision.

LEGAL/ETHICAL ISSUES

Supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise, I urge you to seek counseling. The content of our sessions and evaluations are confidential. Limits to confidentiality include, but are not limited to, treatment of a client which violates the legal or ethical standards set forth by professional associations and government agencies. These guidelines will be provided and discussed at our introductory meeting.

STATEMENT OF AGREEMENT

I have read and understand the information contained in this document. I understand the risks and benefits of supervision, the nature and limits of confidentiality, and what is expected of me as a supervisee of the clinical supervision services.

Supervisee Signature Date

Supervisor Signature Date