

**BestLife Counseling, Consulting, and Training PLLC**

**875 Porter Road**

**Bartonville, TX 76226**

**Info@bestlifecct.com**



# Policies and Procedures

Welcome to our practice. This document/agreement contains important information about:

1. Our professional services,
2. Summary information about the Health Insurance Portability and Accountability Act (HIPAA) and confidentiality
3. Your responsibility as a client
4. Our business practices

Although a bit long and complex, it is important that you read it carefully and ask any questions you might have today or before our next meeting. You will be provided a copy to take home. When you sign this document, it will represent an agreement between us.

You may revoke this agreement in writing at any time. That revocation will be binding unless:

1. We have already acted in reliance on it
2. legal obligations have been imposed by a court of jurisdiction, or
3. if you have not satisfied financial obligations you have incurred *(if applicable)*

## Mission

*Helping you live your best life*

We strive to help you live your best life through counseling and coaching - in whatever capacity that means to you - and aim to further professional education through training, professional development and consultation.

## Providers

**Dr. Rebecca Partridge** is a Licensed Marriage and Family Therapist Supervisor (LMFT-S) in the state of Texas and is trained in EMDR, Trauma Focused Cognitive Behavioral Therapy (TF-CBT), TFT and is Certified in Equine Assisted Psychotherapy (EAGALA). Her clinical work is informed by person-centered, narrative and solution-focused theories, her professional interests include trauma, PTSD, sexual assault, challenges with transitions, relational concerns, and interpersonal relationships.

Therapy is a safe place to understand ongoing issues and challenges that arise while also highlighting strengths and resiliencies to aid in learning skills and insight to reduce unwanted distress. As a Marriage and Family Therapist Rebecca’s approach is centered on systems and how they impact people's lives. These systems include relationships, culture, societal impacts as well as internal systems that make up who a person is as a whole. Therapy is focused on how those systems interact and are affecting functioning in life. Throughout the therapy process you will delve into how relationships, society and culture all contribute to the main concerns. Together identify unhelpful patterns that perpetuate main concerns. Therapy is a collaborative process so we will work together as Clinician and client to determine what goals are through therapy and the best treatment to fit those needs. Rebecca’s goal is to provide a comfortable and supportive environment conducive to insight, healing and personal growth. The clients’ role will be to identify goals that they would like to achieve during the course of therapy and be willing to examine any potential obstacles and strengths that will either hinder or help them move toward obtaining their desired goals.

**Caitlyn Worledge** is a Licensed Professional Counselor (LPC) in the state of Texas and is certified as a Mental Game Coach by the International Mental Game Coaching Association (IMGCA). Caitlyn is also trained in Animal Assisted Therapy (AAT), Dialectical Behavioral Therapy (DBT), and trauma informed care. Caitlyn has enjoyed serving the DFW community in various counseling settings, including non-profits, a dual-diagnosis treatment center, college and university, and private practice providing individual, group, and family counseling.

I believe that individuals have the capacity to grow, overcome their struggles, and create positive, meaningful, and healthy social relationships. I believe the first step in counseling is for the counselor and client to develop a meaningful therapeutic relationship in which the client feels heard and understood. The next goal in counseling is for the client to gain a deeper understanding of themself as a result of his/her/their past and present relationships and experiences. Through this greater understanding, I will encourage you to identify healthy and beneficial goals for your future that you can work toward together. My hope and expectation of the counseling relationship is to be a mutually trusting, respectful, and collaborative one, in which you will strive to reach your highest potential through the use of such strategies as examining and processing thoughts, feelings, and perceptions, and gaining a better understanding of your past and present relationships.

## Services

**Psychotherapy** Interventions are not easy to describe in a few general statements. Effective treatment depends upon the particular problems you are experiencing, as well as personality factors and establishing a good clinician-client alliance. For therapy to be most successful, we recommend you work on the things we talk about both during the sessions and at home. Psychotherapy treatment includes potential for some risk as well as benefits. Since therapy can involve discussing unpleasant aspects of your life, you may experience feelings that may be temporarily uncomfortable. On the other hand, psychotherapy has been known to produce many benefits such as a reduction in distress, solutions to specific problems, and better relationships.

There can be no guarantees of what you will experience; however, we attempt to minimize risks by providing well-trained clinical interventions and by frequent conversations with you about your progress.

The first session or two will involve an evaluation of your needs. By the end of this evaluation period, your clinician will be able to offer you an initial impression of your needs and a plan for what treatment might include, if you decide to continue with therapy. If you have questions about procedures, you are encouraged to discuss them whenever they arise.

**Equine Assisted Psychotherapy** which is an experiential form of psychotherapy where horses are involved in the sessions. “Experiential” means that you will be involved in hands-on experiences with the horses designed to reflect things going on in your life. The process is not always about interacting with the treatment team, although that will happen at times, but is about providing you the opportunity to experience, explore, problem-solve, discover, be creative, gain insight and experience practical applications of what you are learning in the moment. The process is about “doing” along with “talking.” Clients should arrive on-time for their therapy session dressed in weather appropriate outdoor clothing with close-toe, hard-sole shoes on at all times.

**Animal Assisted Therapy (AAT)** is a form of creative therapy that utilizes credentialed therapy animals and handlers (people who manage the animal) to provide goal-directed therapy to individuals. AAT can be used with various psychological, emotional, developmental, cognitive, motivational, or physical concerns. Any fear of dogs should be reported before treatment starts so proper precautionary measures can be taken and appropriateness determined. As the therapy animal is a vital part of our counseling team, we hope that you are comfortable with his/her presence in our office and in your sessions. However, because s/he is an animal, we are responsible for his/her welfare. Also, because s/he is an animal, his/her behavior cannot always be predictable. Therefore, it is important to discuss the rules needed to insure your safety and health, as well as the animal’s. We want to create as safe a working situation as possible, and to provide you with diligent warning about the potential harm that can be present when working with animals.

**Group Therapy**Group psychotherapy is a special form of therapy in which a small number of people meet together under the guidance of a professionally trained Clinician to help themselves and one another. Group therapy helps people learn about themselves and improve their interpersonal relationships. It addresses feelings of isolation, depression or anxiety. And it helps people make significant changes so they feel better about the quality of their lives. Additionally, group Clinicians can apply the principles of group to other settings and situations such as businesses, schools and community organizations.

**Performance Coaching**One-on-one sessions that are individualized to fit your performance needs. Whether you are seeking to maximize an already existing high level of performance, improve where you are currently underperforming, or are dealing with personal issues that interfere with your satisfaction or success, these meetings provide you with the opportunity to discuss your situation in more depth and receive individualized solutions. These sessions are designed to identify personal goals, evaluate strengths and areas for improvement, and develop a plan of action to enhance your mental game.

**Supervision** Supervision is an important part of counseling, both Rebecca and Caitlyn have their supervisor designation. Rebecca provides supervision for **Marriage and Family Therapist** (LMFT) licensure and Caitlyn provides supervision for **Licensed Professional Counselor** (LPC) licensure. During supervision you will reflect on your experiences, professional identity, areas of strength and areas of growth. Through a collaborative experience you will grow as a counselor, understand your ethical obligations, and learn best practices.

**Consultation** BestLife providers offer consultation to other mental health professionals, agencies, and companies on best practices in the counseling field pertaining to trauma informed care. BestLife providers have experience in providing training and consulting with organizations to implement trauma informed practices within their settings.

**Limits of Service.** Unless specifically agreed to otherwise, our role is to provide psychotherapy services, not to assess fitness for custody, serve as an advocate on other issues, or act as an expert witness.

## Office Environment

BestLife Counseling, Consulting and Training PLLC’s offices are located on a working equestrian facility Horselife Farm, inc. Horselife Farm is a dog free facility, meaning no personal dogs may be allowed on property. Horselife, Inc offers horseback riding lessons throughout the day which means that there are other clients on property. Horselife provides horses for equine assisted psychotherapy and a highly therapeutic environment. Counseling may be provided in an outside environment on a working equestrian facility so confidentiality may not be guaranteed. Additionally, please be aware of potential allergies with horses, hay, and dust.

## Appointments, Fees, Billing and Payment

Please arrive promptly for all appointments. Our practice management systems sends out an email reminder for all appointments 48 hours in advance as well as text reminders 24 hours in advance. It is your responsibility to read the email.

The fee for the initial session and subsequent sessions vary by services rendered. Clients are asked to pay at the time services are delivered. We are not in-network with any insurance providers. However, we would be happy to provide clients with a Superbill to submit to their insurance company for reimbursement as an out-of-network provider. Please check with your insurance provider about out-of-network coverage for mental health services.

**Consultation** session is free of charge for 20 minutes

**Individual** psychotherapy sessions are $125 per session for 50 minutes

**Family** sessions are $150 per session for 90 minutes

**Couple** sessions are $125 per session for 50 minutes and $150 per session for 90 minutes

**Group** sessions are $65 per session for 50-90 minutes

**Equine Assisted therapy** sessions are $125-$150 per session for 50-90 minutes

**Performance Coaching** sessions are $125-$145 per session (optional packages available)

**Supervision** sessions are $80 per hour per supervisee for supervision session (individual or group) – individual supervision consists of 2 supervisees, group consists of 3 or more supervisees.

**Consultation** fees are determined based on request

**Telephone** calls exceeding 15 minutes will be prorated according to the regular session fee

The providers accept cash, check, and venmo as methods of payment.

* You understand that you are fully responsible for any and all payments for services received
* Full payment is expected at the time services are rendered unless previous arrangements with the counselor have been made.
* You understand that treatment may be suspended and/or terminated if payment is not received
* You understand you will be responsible for all bank fees associated with returned checks
* You understand you will be charged **a full session fee for every no show or cancelations made with less than 24 hour notice**.
	+ After a no show, a client is contacted and informed they have missed an appointment and must pay the session fee prior to scheduling their next appointment.
	+ If you are more than 15 minutes late, you will be responsible for the full session fee prior to scheduling your session.

Therapy hours vary during the week. We provide full time voice mail, but you may not be able to reach your Clinician if he or she is out of the office or seeing other clients. Every effort will be made to return your call as soon as possible. If you are difficult to reach, please inform us of times you might be available. We do not provide emergency services (see Emergency Care and Crisis Situation).

## Cancellation

Once a given time is allocated for a session, another client cannot easily fill this time slot on short notice. If you must cancel your appointment, please contact your Clinician as soon as possible. It is our policy to charge a **normal session fee** for appointments that are not cancelled at least **24 hours in advance**. It is the client’s responsibility to leave notice of cancellation on our voice mail or via text, which will note the day & time you called. Your communication with us about appointment cancellations allows us to offer that time to other clients who need to be seen. Repeat cancellations, even with notice, will be discussed, and might signal the need to end therapy.

## Process of Therapy and Treatment Planning

**Risks and Benefits of Therapy.** Therapy inherently brings with it many risks and benefits. Some of the risks of therapy include; feelings of being uncomfortable with the levels of anger, sadness, grief, frustration and anxiety that may occur when delving into difficult topics throughout therapy. Clients may experience unpleasant memories that could temporarily cause discomfort with family, work, or other relationships. Although there are several risk factors to therapy there are many areas of benefits that may outweigh the anxiety over potential risks. The benefits of therapy may include individuals who are sad/depressed finding their moods increasing. Others may no longer feel afraid, angry, or anxious. In therapy, people have a chance to explore concerns fully until their feelings are relieved or the problems are solved. Clients' relationships and coping skills may improve greatly and find that they get more satisfaction out of their relationships. Clients are also able to identify their goals and work towards bettering themselves and their relationships.

**Discussion of Treatment Planning.** During the first session and throughout the therapy process, we will discuss with you your understanding of the problem, treatment plan, therapeutic objectives, and your view of the possible outcomes of treatment. During our first 3-4 sessions, we will be getting to know you and evaluating your needs as well as our ability to meet those needs. The first session will focus mostly on history and current situation. The following sessions may include structured assessments to determine the severity of your presenting problem. If at any time, we feel your needs are better served by someone else or a different level of care, we will discuss it with you, make recommendations and provide a referral.

If you have any unanswered questions about any of the procedures used in the course of your therapy, their possible risks, our expertise in employing them, or about the treatment plan, please ask and you will be answered fully. You also have the right to ask about other treatments for your condition and their risks and benefits. You may experience uncomfortable feelings at times. On the other hand, experiencing these uncomfortable feelings and learning to tolerate distress can have long term benefits and can result in overall reductions in levels of distress.

 You should be aware that there are alternative types of services than those being offered by BestLife. You may prefer to get counseling from someone other than us. You also have the choice not to obtain counseling services. There are risks and benefits associated with alternatives and with not pursuing any counseling. To the extent that you are interested in alternatives, you should discuss this with your provider. We would be happy to give you the names of other mental health professionals who might meet your needs.

## Notice Of Privacy Policy

### Health Insurance Portability and Accountability Act (HIPAA)

Federal law, HIPAA, provides privacy protections for medical records and new client rights with regard to the use and disclosure of your Protected Health Information (PHI) used for the purpose of treatment, payment and health care operations. HIPAA requires we provide you with a Notice of Privacy Practices (the Notice) for use and disclosure of PHI for treatment, payment, and health care operations. The Notice, which is contained within this agreement, explains HIPAA and its application to your personal health information in greater detail. The law requires we obtain your signature acknowledging we have provided you with this information at the end of this session.

### Confidentiality

Texas law protects the privacy of communications between a client and your clinician. Every effort will be made to keep your evaluation and treatment strictly confidential. In most situations we will only release information about your treatment to others if you sign a written authorization form that meets certain legal requirements.

In the following situations, authorization is not required:

1. Clinical information about your case may be shared fully with support staff for purposes of supervision where applicable. If case information is presented at professional conferences, the information will be disguised so that it is impossible to link the information to you or your family.
2. Personal information is also shared for administrative purposes such as scheduling, billing, and quality assurance. Client files are also available to insurance company auditors. Data contained in your file is available for archival research (i.e., reviews of records to describe referrals, outcomes, and trends) as long as your identity cannot be linked to the data used. All staff members have been given training about protecting your privacy and have agreed not to disclose any information without authorization or approval by your clinician in mandated reporting situations (see Limits to Confidentiality).
3. On occasion, your clinician may find it helpful to consult with another health or mental health professional. During such a consultation, every effort is made to avoid revealing the identity of the client. The other professional is legally bound to keep the information confidential. If you do not object, it is our policy to tell you about such consultations only if it is important to you and your clinician working together. All consultations are noted in the client’s record.
4. Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in this agreement.

### Limits to Confidentiality

The limits to confidentiality in the state of Texas are:

* *When there is a suspicion of child abuse and/ or abuse or neglect of vulnerable adults.*
* *If there is suspicion of serious threat of harm to self or harm to others which would affect the health and safety of either yourself and/or others.*
* *With written authorization of the client or, in the case of death or disability the individuals’ representative.*
* *If the client waives privilege by bringing charges against the Clinician*
* *Ordered by the court to disclose information*
* *For consultation with other professionals*
* *To contact the clients for appointment reminders or information to assist with health care treatments*
* *To bill and collect payments from clients*
* *To contact the identified emergency contact person if it is determined if the client’s safety is at risk*

If any of these situations arise, your clinician will make every effort to fully discuss it with you before taking action, and **will limit disclosure to what is necessary**.

Minor clients should understand their parents have the right to access their records and to be informed of their progress in counseling. Any behavior in minors considered detrimental to the safety of the minor or others will be shared with their parent(s) and/or guardian.

If participating in a group, confidentiality for all group members is required but it cannot be guaranteed.

Counseling may be provided in an outside environment on a working farm so confidentiality may not be guaranteed

Illegal drugs and weapons of any kind are not allowed. If it is believed a client is in possession of either, the local police may be called.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions you have with us now or in the future. The laws governing confidentiality can be quite complex. In situations where specific advice is required, formal legal advice may be needed.

### Client Rights

Your rights as a client are highly important to have productive and ethical therapy. Below is a list of your rights as a client at BestLife Counseling, Consulting and Training PLLC:

* *You have a right to participate voluntarily in and to consent to treatment.*
* *You have a right to participate in developing an individual plan of treatment.*
* *You have a right to receive clinically appropriate care and treatment that is suited to their needs and skillfully, safely, and humanely administered with full respect for their dignity and personal integrity.*
* *You have a right to be treated in a manner, which is ethical and free from abuse, discrimination, mistreatment, and/or exploitation.*
* *You have a right to object to, or terminate, treatment. If you are uncomfortable with the therapy you can choose to stop treatment at any time.*
* *You have a right to have access to one’s records.*
* *You have a right to request a change in Clinician. If the Clinician does not fit right you can ask for a referral for a different Clinician who can meet your needs.*

### Dual Relationships

This is a small world and we may see each other in the community. If we see each other outside of the office, we will smile, but leave it up to you to say hello or acknowledge us. Not all dual relationships are unethical or avoidable. However, sexual involvement between Clinician and client is never part of the therapy process as well as other actions or dual relationship situations that might impair your Clinician’s objectivity, clinical judgment, or therapeutic effectiveness or that could be exploitative in nature.

In addition, we will never acknowledge working therapeutically with anyone without his/her written permission. In some instances, even with permission, we will preserve the integrity of our working relationship. For this reason we will not accept any invitations via social media sites such as Facebook, Twitter, Linkedin or Pinterest, nor will we respond to blogs written by clients or accept comments on our blog from clients.

## Emergency Care and Crisis Situations

Your clinician is not able to provide emergency services or psychiatric medications. Individuals who need substantial case management, on-going medication adjustments, and/or emergency clinician access because of psychiatric difficulties are generally only appropriate for therapy during times of stability in their illness.

Clients who are experiencing a crisis are encouraged to discuss this with their clinician as soon as possible so a crisis plan can be developed. A crisis may be generally defined as a situation or period in which the person’s usual coping resources fail, and they experience a state of psychological disequilibrium in which they may be at risk for impulsive or harmful behavior. There are many examples of crisis situations, which may include: a client who is struggling with suicidal thoughts, a teenager who under distress runs away from home, a psychotic client who experiences severe symptoms such as hallucinations or paranoia because they have discontinued medications, and an client who relapses to uncontrolled drug/alcohol use with danger of overdose or serious harm. Such clients may or may not constitute an imminent danger to themselves or others; nevertheless, sometimes a judgment must be made to protect the client.

It is your clinician’s policy, to which you consent as a client, to provide conservative treatment during a crisis situation. Your clinician will work with you to establish a plan to restore normal functioning as soon as possible. In addition to coping skills and possible environmental changes, this may include consultation with your physician, or if necessary, a family member or significant others. Your clinician may divulge your client status and the minimal treatment information necessary to protect you during a crisis period. The need for such action will be discussed with you beforehand if at all possible. This exception to normal confidentiality would remain in effect until the crisis is over or your care has been successfully transferred to another mental health provider or treatment program. This crisis policy requires you trust in our professional judgment to balance risks with your rights to confidentiality.

In times that your clinician is unreachable the client who is in an emergency is instructed to contact their physician or other community resources directly such as 911 or MHMR Crisis Line (800-762-0157).

## Professional Records and Client Rights

The laws and standards of the counseling profession require that your clinician keep Protected Health Information (PHI) about you in your clinical record. Generally, you may examine and/or receive a copy of your clinical record if you request it in writing. There are a few exceptions to this access: 1) some of the unusual circumstances described above, 2) when the record makes reference to another person (other than a healthcare provider) and we believe that access is reasonably likely to cause substantial harm to that other person, or 3) where information has been supplied confidentially by others. Your clinician keeps no additional notes (sometimes called psychotherapy or process notes) beyond the clinical record. In most circumstances, your clinician is allowed to charge a copying fee for re-producing your records. If your clinician refuses your request for access to your records, you have the right of a review of this decision (except for information supplied confidentially by others), which your clinician will discuss with you upon request.

HIPAA provides you with several expanded rights with regard to your clinical records and disclosures of protected health information. These rights include requesting your clinician amend your record; requesting restrictions on what information from your clinical records is disclosed to others; requesting an accounting of most disclosures of protected health information that you have neither consented to nor authorized; determining the location to which protected information disclosures were sent; having any complaints you make about your clinicians policies and procedures recorded in your records; and the right to a paper copy of this Agreement and the privacy policies and procedures included herein. Your clinician will be happy to discuss any of these rights with you.

## Minors and Parents

Please be informed that according to Texas law, any person with legal rights pertaining to a child (e.g., legal guardian or non-custodial parent) may have the legal right to terminate the child’s therapy unless that person has given his/her signed informed consent. As stated earlier, your clinician will honor requests for information by a legal guardian of a minor child.

Clients under 18 years of age who are not emancipated from their parents should be aware that the law allows parents to examine their clinical records. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, it is your clinician’s policy to request an agreement from parents that they consent to give up their access to their child’s records. If parents agree, the clinician will provide them only with general information about the progress of the child’s treatment and his/her attendance at scheduled sessions. Parents may be provided a summary of their child’s treatment when it is complete. Other communications will require teenager assent, unless your clinician feels it is a crisis situation including personal risk or physical danger to the minor. If possible, such disclosures will be discussed beforehand with the teenager to minimize his/her objections and concerns.

Consistent attendance is very important for effective therapy. We will schedule follow up sessions directly with your child. It is your responsibility to check in with your child or the clinician to know when the next scheduled therapy session takes place. BestLife providers do their best to schedule all therapy sessions at a consistent day and time each week.

We believe it is best to identify and resolve potential parental agreements before treatment begins. Therefore, it is our policy to treat minors only with the consent of both parents, to the extent both are available. If both are available but cannot reach agreement about treatment and access to records, it is the responsibility of the parents to resolve their differences through a court hearing prior to instituting treatment.

If one parent is unavailable and we determine that it is appropriate to proceed with the consent of only one parent, the absent parent will have the right to the child’s treatment records upon request while the child is a minor unless there is a court order to the contrary. If the continuation of treatment becomes an issue, it is the responsibility of the parents to resolve the disagreement in court.

Upon turning 18, the child gains control over treatment, information and records.

 FOR MATURE MINORS

Because you are a minor (under the age of 18), we cannot treat you without parental consent. Parental control over your treatment includes the right to access and release your medical records.

In very limited circumstances, a minor may prevent parental access to treatment records through a court hearing. In the event, you object to either parent having access to your treatment records, we encourage you to raise this issue with your other parent or with a guardian ad-litem, if one has been appointed

## Couples

Treatment records of couples sessions contain information about each person. Both clients should be aware that either person has a right to obtain treatment records. If one of you requests your records, it is our policy to notify the other member of the couple and to afford that individual an opportunity to receive a copy of the records as well.

## Group

Unlike individual treatment, confidentiality of group therapy is not privileged, and therefore not protected by law. Group members must sign and abide by a written confidentiality agreement prior to participating in the group. Clients with concerns about confidentiality should discuss them prior to beginning treatment.

## Summary of Client Responsibilities

As a client, you agree:

1. To keep regular appointments and actively participate in your treatment. If a client has not cancelled at least 24 hours in advance, clients will pay agreed upon fees upon evaluation and treatment at the time services are rendered or make arrangements to do so.
2. To attempt any therapeutic assignments you agree to perform.
3. To make a commitment to living and using counseling services and community resources to solve difficulties. You agree to disclose to your clinician whenever you feel in crisis and/or suicidal, to work with them to come up with a crisis plan, and to give your clinician discretion regarding needed disclosures in a crisis situation.
4. To not come to counseling under the influence of alcohol or other drugs. If you appear intoxicated, at your clinician’s request, you agree to refrain from driving yourself. Failure to do so would require a DUI report.
5. To never bring a weapon of any sort to this counseling center.
6. To ask your clinician questions right away if you are uncertain about your evaluation, therapeutic process or any policy.

## Legal Proceedings

If you are involved in, or anticipate being involved in, legal or court proceedings, please notify me as soon as possible. It is important for me to understand how, if at all, your involvement in legal proceedings might affect our work together. In the event you are seeing me because you have been asked to obtain an evaluation for a legal proceeding, it is important for you to know the difference between treatment and an evaluation, and that treatment is not a substitute for an evaluation. Treatment is also not an appropriate way to obtain evaluation results. If you need an evaluation I will assist you to find a provider who offers this service.

It is also important for you to know your Clinician will not be a party to any legal proceedings against current or former clients. We will work with you to support treatment goals, not to address legal issues that require an adversarial approach.

Clients entering treatment are agreeing to not involve us in legal or court proceedings or attempt to obtain treatment records for legal or court proceedings when marital or family counseling has not been successful at resolving disputes. This prevents misuse of your treatment for legal objectives.

In the event you do require my testimony or involvement in non-adversarial aspects for legal or court proceedings we will do so only with your consent. We will be unable to disclose any information pertaining to other family members or parties in counseling without their specific consent. Court appearances, either requested or subpoenaed, depositions and settlement conferences are billed at $650.00 for a half day (any appearance between 8:00 A.M. & 12:00 P.M. or between 12:00 P.M. and 5:00 P.M.) or $1300.00 for a full day (any appearance that crosses the noon hour).

Payment is due at least three business days in advance of the appearance.

Fees ($50) will be assigned for the Clinician making calls, providing letters or emails to facilitate communication with attorneys or other third parties outside of session times. This fee will be added to the client's account and charged to the client's on file credit card.

## Filing a Complaint:

If you feel your counselor has done something harmful or unethical and you do not feel comfortable discussing it with him/her,  you can contact the Texas State Board of Examiners of Professional Counselors, which oversees licensing, and they will review the services your clinician has provided

Texas Behavioral Health Executive Council
333 Guadalupe St., Ste. 3-900
Austin, Texas 78701
Tel. (512) 305-7700
1-800-821-3205 24-hour, toll-free complaint system.

# ACKNOWLEDGEMENT OF RECEIPT OF PRIVACY NOTICE

**By signing this form, you acknowledge that your Clinician has given you a copy of the Privacy Notice, which explains how your health information will be handled in various situations. We must attempt to have you sign this form on your first date of service.**

**If your first date of service with me was due to an emergency, I must try to give you this notice and get your signature acknowledging receipt of this notice as soon as we can after the emergency.**

*Check all that are true:*

**☐** I have received the Privacy Notice/consent for counseling.

**☐** My clinicianhas given me the chance to discuss my concerns and questions about the privacy of my health information or the practice.



**Name – Please Print**



**Client’s Signature**

For Office Use Only

I have made a good faith effort in attempting to obtain written acknowledgement of receipt of the Notice of Privacy Practices. Acknowledgement could not be obtained for the following reason(s):

☐ Patient/Individual refused to sign (Date of refusal)

☐ Communications barriers prohibited obtaining an acknowledgement

☐ An emergency situation prevented us from obtaining an acknowledgement

☐ Other

Attempt was made by: Date: 

Explain: 

# Supervision Forms

## Rebecca Partridge Disclosure Statement

Professional Clinical Supervision Disclosure Statement

**Degrees and Qualifications**

Oregon State University **-** *Doctor of Philosophy in Counselor Education and Supervision (CACREP)*

Pacific Lutheran University– *Master of Arts in Marriage and Family Therapy (COAMFTE)*

Licensed Marriage and Family Clinician- 202939 (Texas)

Licensed Marriage and Family Clinician- LF 60600234 (Washington State)

Mental Health Professional (Washington State)

Child Mental Health Specialist (Washington State)

**Clinical Training, Experience and Expertise**

 I have been in the counseling field for five years as a professional Marriage and Family Clinician. I am competent and experienced to provide clinical supervision for clinical mental health counselors, marriage and family Clinicians and school counselors. Throughout my clinical experience I have worked in a variety of settings from a non-profit community health agency to a college counseling center. I have experience conducting therapy with adults, children, adolescents, and their families under the systemic lens. I have worked with a range of issues from anxiety, grief, depression, self-image, suicidal/crisis intervention, family conflict, immigration issues, ADHD, parenting skills and oppositional defiant children. Additionally, I have experience working with a diverse population of clients, from families with young children to adolescents, and adults of different ethnic backgrounds. I have effectively worked with language interpreters, school counselors, teachers, care coordinators, and medical doctors. I have provided professional input during psychiatric evaluations and worked with a residential team for inpatient clients on site. I have extensive experience and training in trauma, and crisis intervention. I have had training in TFCBT, EMDR, TFT, play therapy, and equine assisted therapy.

**Supervision Training**

 I have completed the 30 hour AAMFT didactic and interactive Supervisor Training course. I have received training in clinical supervision through a doctoral course from Oregon State University and continue to gain continuing education on the topic. The doctoral course included supervision of supervision, while supervising master’s-level counseling students in a school counseling practicum.

**Supervision Experience**

Bernard and Goodyear (2009) state “supervision has the simultaneous purposes of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession” (p. 7). The purpose of supervision is to aid in creating the framework for trainees to understand where they are developmentally in the therapeutic learning process and where they would like to be when supervision is over. The aim in supervision would be to work together to create collaborative goals between the trainee and myself. As a supervision I want to enable trainees to have a voice in what they want to focus on and for me to identify areas of growth for the supervisee. This gives me the opportunity to both challenge and support my supervisee.

Throughout supervision the attainable goals that I hope to achieve with my supervisees are for them to understand their code of ethics and how it applies to working with clients and their scope of work. I also hope to have my supervisees able to identify which theory they work from and understand their concept of how change is created in the therapy room. Additionally, the goal is for supervisees to be able to highlight the competencies with contextual consciousness. According to Esmiol, Knudson-Martin, and Delgado (2012) this includes consciousness about power differentials in social contexts, sensitivity to client’s unique experiences and attention to the intersection to the larger context in their lives. Another important outcome of supervision with trainees is for Clinicians to be open and willing to learn and get constructive criticism to enhance their knowledge and skills as a clinician. It is highly important for clinicians to be able to learn from those around them who may have different insights and understanding into clinical practices.

Supervision has a collaborative structure. What I find most important as a supervisor may not be the same for my supervisees. To address this difference, my supervision process includes creating a supervisory contract that highlights the importance of the expectations, ethical considerations, and logistics of supervision. Barlet-Harring, Silverthorn, Meyer, and Toviessi (2009) state that clinical supervision is necessary to aid and monitor supervisee’s performance to transform them into a competent Clinician. My goal as a supervisor is to aid in that journey. To do this I will be flexible to add to my contract based on what my supervisee needs. I believe that it is highly important to have priority cases listed with prepared documentation that needs to be reviewed. Live supervision or video supervision is highly important to be able to evaluate skills are areas of growth for supervisees. According to Montalvo (1973) “by having a more experienced person observing and orienting the process while it is happening, major pitfalls can be avoided, and those that cannot be avoided can be more easily corrected” (p. 1). Due to live supervision not always being a possibility this observation may be completed as video presentation.

**Theoretical Orientation**

 My supervision style is largely based on developmental models and systems perspective. With the developmental approach, my supervision style is based on Bernard’s (1979) discrimination model. The discrimination model is based on four areas including counseling performance skills, cognitive counseling skills, self-awareness, and professional behavior. As the supervisor in this model there are three different roles that will be utilized depending on need, these roles include the counselor role, the teacher role, and the consultant role (Bernard & Goodyear, 2013). Based on the developmental level of the supervisee, as the supervisor I work to meet the needs of my supervisee. This need often leads to alternating between the different roles within supervision. With beginning Clinicians more structure may be needed and preferred, leading to the role of teacher, however when supervisees gain experience the need for structure reduces and the desire for the consultant role increases.

From a systems perspective, it is important to understand the system as a whole. This also includes the supervisory system. Wholeness in a system is defined as both a whole and part of a larger whole. This means that a system is composed of the parts plus the relationship between those parts. A system is composed of many parts and they are connected to each other through their relationships which for subsystems. For example, if an agency is a whole system different subsystems may be the client family, supervisor-Clinician, Clinician- client, supervisor and management. Subsystems are understood by the different boundaries. It is important to understand the different boundaries between the Clinician, supervisor and client and how they affect one another. “Supervisors must contend with multiple roles and realities that impact their role in an agency context…They also must be cognizant of supervisees’ different roles including the role of the Clinician with client, the role of supervisee with supervisors, and the role of employee with administrators” (Killmer & Cook, 2014, p. 108). In supervision from the systems lens it will be important for supervisees to identify the different parts of the systems that impact the client and Clinician. This concept will be weaved throughout supervision as a whole.

**Expectations of Supervisees**

My baseline expectations of trainees include: cases discussed in priority of safety and suicidal ideation, coming prepared with case documentation and presentation, having video supervision every week, identifying potential ethical issues, and an evaluation every 3 months on clinical skills, growth areas and strengths at the beginning of supervision and as time goes on an evaluation every 6 months.

**Supervisor’s Responsibility in Supervision**

Counselors do not disclose supervisee confidences except by written authorization or waiver, or when mandated or permitted by law. In educational or training settings where there are multiple supervisors, disclosures are permitted only to other professional colleagues, administrators, or employers who share responsibility for training of the supervisee. Verbal authorization will not be sufficient except in emergency situations, unless prohibited by law. In addition to keeping confidentiality the following will be attended to by the supervisor:

1)  Prepare for and attend all sessions.

2)  Provide feedback each session and a formal evaluation at each quarter and at the end of the supervision contract.

3)  Review client case notes and other materials for quality control purposes.

4)  Complete supervision record at each supervision session.

5)  Maintain licensure as a Licensed Marriage and Family Clinician in Texas and status as an approved clinical supervisor.

**Advanced Multicultural Supervision Theoretical Orientation**

Everyone has a different culture and social location. In order to understand someone’s context, trainee or client, continuous discussion around social location is important in order to find one’s own areas of bias or difference that could impact the therapeutic relationships. Hardy and Bobes (2016) states that it is the supervisor’s responsibility to introduce difficult and sensitive conversations and be a model for how to approach and engage in multicultural discourse. According to Lee and Nelson (2014), “To be culturally competent is to expect and to understand the complexities of culture—whether ethnicity, sexual orientation, or age and so forth—and to keep them at the forefront of analysis around clinical work and supervision.” (122). Keeping an open dialogue about cultural differences is highly important in the supervisory relationship.

Bean, Perry, and Bedell (2001) note that there are three main areas of multicultural competence which include: Clinician awareness of their own culture, Clinicians’ knowledge of the worldview of culturally different client, and Clinician behaviors or use of culturally appropriate treatment strategies and interventions. As a supervisor I see it as my responsibility to highlight these three main areas to create a more aware trainee. It is my responsibility to create space for supervisees’ to be challenged to acknowledge their own social location and how it contributes to their practice. It is my aim to create this space and be a model as a supervisor to aid supervisee to become a more aware and sensitive, as well as engage in this process for myself to be a more competent supervisor.

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## The Supervision Contract



Sample Contract

**SUPERVISION CONTRACT**

This SUPERVISION CONTRACT (the “Contract”) executed to be effective the day of

 , by and between **Joe Smith, M. Ed., LPC-S (“Supervisor”) and**

 \_ **(“Supervisee”).**

***SUPERVISION:*** The above named Supervisor agrees to provide supervision as required by the Texas Behavioral Health Executive Council to . The Supervisee will provide proof of having passed the NBCC /AMFTRB Exam and the Texas Jurisprudence Exam prior to entering into this agreement. Supervision shall be conducted a minimum of four hours per month, face-to-face or via telehealth. Experience and supervision accumulated shall be documented in a log or other written record acceptable to the Supervisor. It is understood that the Supervisor will conduct his/her counseling services at BestLife Counseling, Consulting, and Training PLLC and that the services will comply with the rules and regulations of the agency/practice in which the Supervisee is completing his/her/their internship hours.

***FEES:*** For and throughout the term of this contract the Supervisee shall pay the supervisor the sum of $80 per regular supervision hour.

***MAKE-UP SESSIONS:*** In the event the supervisee is unable to attend the regularly scheduled supervision session, the supervisee will be responsible for scheduling a make-up session with the supervisor. The make-up session will be scheduled in the current month and at a time that is not during other supervisee’s regular supervision hours.

For and throughout the term of this contract the supervisee shall pay the supervisor the sum of $85 per make-up supervision hour.

In the event the supervision make-up session is not completed before month end, the direct and indirect hours accumulated for the unsupervised hours will not be included in the total of the supervisee’s final hours for their licensing.

***PROFESSIONAL RESPONSIBILITY:*** For and throughout the term of the contract, the full professional responsibility for the service of Supervisee shall rest with the Supervisor.

***TERMINATION*:** This contract shall terminate upon the earlier to occur: (1)the completion by a Supervisee of the herein above-referenced 3,000 clock hours of services and receipt of license from the licensing board, or (2) notice of termination (with or without cause) at any time given by either party to the other. Upon such termination, the Supervisor shall be entitled to fees for services up to the effective date of such termination. Supervisee shall be entitled to a copy of the records kept by the Supervisor for services rendered up to the effective date of such termination.

***PROFESSIONAL LIABILITY INSURANCE*:** Supervisee shall purchase and maintain at Supervisee’s sole cost and expense professional liability insurance in the minimum amount of $1,000.000.00 per occurrence and $3,000,000 in the aggregate. Applicants shall provide proof of coverage upon the request of the Supervisor.

***STANDARDS:*** The Supervisor and the Supervisee shall adhere to the Behavioral Health Executive Council.

***DOCUMENTATION:*** The supervisee will maintain a supervision log that documents the date of each supervision conference and the total number of hours of supervised experience accumulated up to the date of each supervision session. The record shall reflect the approved site where the hours were accrued and the content of the supervision. The supervisee will present this document (up-to-date) at each session.

***CLIENT EMERGENCIES:*** The Supervisee shall notify the Supervisor immediately of any client emergency. A “client emergency” is any circumstance which a reasonable person would believe that:

1. The client represents a serious threat to himself or others; or
2. Immediate therapeutic contact is reasonably necessary for the well-being of the client.

***MODIFICATION TO THE AGREEMENT*:** This agreement may be modified provided:

1. the modification is evidenced in writing, with signatures
2. the modification is agreeable to both parties and
3. the new agreement satisfies all Board requirements.

This agreement is entered into as of the date and year first above written.

**SUPERVISOR: SUPERVISEE:**



Name (Please print) & License # Name (Please print)



Signature Signature

BestLife Counseling, Consulting,

and Training PLLC

Address Address

875 Porter Rd



City, State, Zip City, State, Zip

Bartonville, TX, 76226



Phone Phone

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