



SUPERVISION AGREEMENT

SUPERVISOR INFORMATION

Today's Date ____ / ____ / ____

Cory M. Schortzman, MA, LPC, SRT's credentials include the following:

B.A., Doane College, Crete, Nebraska, May 1997

Master's in Counseling, Denver Theological Seminary, Denver, Colorado, May 2000

Licensed Professional Counselor, Colorado LPC License #4905, February 2008

Sexual Recovery Therapist, American Association of Sex Addiction Therapy, #606 February 2009

Certified Recovery Therapist, Founder & Supervisor, Sexual Addiction Recovery Association

SUPERVISEE INFORMATION

Name _____ DOB ____ / ____ / ____ (____ / ____)
First Name Last Name Age

Address _____
Street City State Zip Code

Email _____ Home Telephone Number _____

Work Telephone Number _____ Mobile Telephone Number _____

Start Date: ____ / ____ / ____

Approximate End Date: ____ / ____ / ____

Frequency of Supervision

- Weekly
 - Biweekly
 - Other _____
- (Please check one.)

Duration of Supervision

- _____ Weeks
 - _____ Months
 - Other _____
- (Please indicate number of weeks, months, etc.)

Venue

- Face-to-face
 - Telephone
 - Other _____
- (Please check one.)

Session Length

- 30 min
- 60 min
- 90 min
- 120 min

SUPERVISION TYPE

- AASAT
- Practicum
- Internship
- State Licensure

GENERAL GUIDELINES

To ensure you have understood our general guidelines, place initial each box below.

1. The clinical supervisor is not providing clinical oversight for services, therefore are not liable for the supervisee's clinical errors (omission or commission).
2. The clinical supervisor is providing clinical consultation on skill development and informed clinical techniques related to typical clinical scenarios.
3. The clinical supervisor is providing training for clinical practice skills.
4. No names or other identifying information will be included in discussion.
5. The clinical supervisor will provide information, skills practice, advice and opinions about typical and atypical clinical situations but not on specific cases.
6. **The supervisee is required to provide the clinical supervisor with a copy of their own clinical professional liability insurance coverage and provisional or state licensure with this form.**
7. The supervisee agrees to indemnify the supervisor and hold them harmless in any future complaint or liability action against the supervisee.
8. Both the supervisee and supervisor shall adhere to the application code of ethics and standards of practice for their discipline as well as to state statutes.
9. Intern, practicum and provisional license supervisees shall provide a full disclosure of the supervised nature of their work, which shall include the name, address and telephone number of their designated qualified clinical supervisor.
10. Supervisor is responsible for record keeping of dates and times of supervision sessions.
11. The supervisee and supervisor must sign and date this agreement.

CONFIDENTIALITY & RELEASE OF INFORMATION

The information provided by the client, the supervisee and supervisor is generally legally confidential and cannot be forced to be disclosed. Information disclosed is privileged communication and cannot be disclosed in any court of competent jurisdiction in the State of Colorado without the consent of the person to whom the testimony sought relates. The exceptions to the general rule of legal confidentiality are listed in the Colorado statutes (C.R.S. 12-43-218). However, please be aware that provisions concerning disclosure of confidential communications shall not apply to any delinquency or criminal proceedings, except as provided in section 13-90-107 C.R.S.

The supervisee understands the following exceptions to confidentiality, which include but are not limited to:

1. Any evidence or disclosure by the client of perpetrating child or elderly abuse (past or present, physical or sexual abuse) must be reported to Legal Authorities.
2. Any evidence or disclosure by the client of downloading child pornography (past or present) must be reported to Legal Authorities.
3. Any evidence or disclosure by the client of any suspected threat to national security to federal officials.

TRANSFORMED HEARTS COUNSELING CENTER, INC.

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