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SUPERVISION AGREEMENT

The following document serves as an agreement between _____ (supervisee) and Aaron Norton, LMHC, LMFT (supervisor).

My Professional Background, Qualifications, and Philosophy of Supervision:

I am a Licensed Mental Health Counselor, Licensed Marriage & Family Therapist, Certified Masters-Level Addictions Professional, Certified Rehabilitation Counselor, Certified Forensic Mental Health Evaluator, and Diplomate & Clinical Mental Health Specialist in Substance Abuse and Co-Occurring Disorders who works full-time at Integrity Counseling, Inc., a group private practice in Largo, FL, where I provide professional consultation and training, clinical and forensic mental health and substance abuse evaluation, and individual, couples, and family psychotherapy and counseling with adolescents and adults. I am a Qualified Supervisor who provides clinical supervision to Registered Mental Health Counselor Interns and Registered Marriage & Family Therapy Interns who are pursuing licensure. I teach two courses a semester as an Adjunct Instructor for the Dept. of Children & Family Studies at the University of South Florida's College of Behavioral & Community Sciences. I value participation in professional associations and serve as Chair of the Legislative Committee for Suncoast Mental Health Counselors Association, President and Chair of the Florida Mental Health Counselors Association's Education, Training Standards, & Continuing Education Committee, Southern Regional Director of the American Mental Health Counselors Association, and Executive Director of the National Board of Forensic Evaluators. I have a Master of Arts in Rehabilitation & Mental Health Counseling from USF and am pursuing a doctorate in Counselor Education & Supervision. I have nearly 20 years of experience as a case manager, clinician, and supervisor in the human services industry and have worked in a variety of residential and outpatient treatment settings in both the public and private sector.

My counseling and supervision theory is best described as integrative cognitive-behavioral, integrating approaches and techniques from a range of counseling and supervision theories into a cognitive-behavioral model. I specialize in client issues such as anxiety, depression, addictions, and lesbian, gay, bisexual, and transgender (LGBT) issues. I also have specialized expertise in clinical and forensic evaluations. I am hopeful that you will experience me as warm, flexible, collaborative, and non-judgmental but also professional and relatively structured in my approach to supervision. In many respects, I believe that interns are likely to experience the typical supervision session more like consultation with a peer specialist than supervision with an authority figure. However, I am also expected to serve the role of "gate-keeper" in the event that there is evidence that you are an "impaired practitioner" or are unable to ethically and effectively practice.

My Responsibilities as a Supervisor:

- I agree to the roles of teacher, mentor, consultant, advisor, administrator, evaluator, and counselor (in the event of transference and countertransference processed during appointments) with a genuine interest in your professional development.
- I will notify the Board of Clinical Social Work, Marriage & Family Therapy, and Mental Health Counseling (the 491 Board) in writing that I have agreed to be your Qualified Supervisor.
- I will provide both face-to-face supervision (1 hour minimum) at my office at Integrity Counseling, Inc. and telephone consultations as needed when you begin to see clients at the work site(s) listed below. Although I encourage individual supervision sessions to be in-person, up to 50% of your individual supervision sessions may be conducted via webcam as per Florida Administrative Code 64B4-2.002, and I will need advanced notice from you if you wish to meet through that medium. We will hold face-to-face supervision sessions once every two weeks until you are accruing 15 or more client contact hours per week. We will then meet weekly as required by F.A.C. 64B4-2.002 (unless you are combining hours from another qualified supervisor). The cost for supervision sessions is as follows: \$75 for individual supervision (one-on-one), \$40 for individual supervision (when two interns are present for the same session), and \$30 for group supervision (three to six interns present for the same session).

- I will be available by cell phone at (727) 403-6208 and will respond within 24 hours to messages unless I inform you that I will be unavailable for a specified period of time.
- I will keep written notes of each supervision session.
- I will provide you with resources and/or training materials on a range of relevant clinical, professional, and ethical topics as needed to aid your professional development.
- I agree to provide you with written and/or verbal feedback on a quarterly basis.
- Upon successful completion of your internship supervision hours, I will complete the requisite forms for you to obtain licensure as an LMHC in Florida.
- Barring scenarios involving a clear and significant breach of law and professional ethics, I will respect the differing clinical and administrative opinions and perspectives of supervisors and administrative staff working within your agency.
- I agree to adhere to the ethical codes of the American Counseling Association (ACA) and American Mental Health Counselors Association (AMHCA).

Your Responsibilities as a Supervisee:

- You agree to provide me with at least 24 hours' notice in the event that the you need to cancel or reschedule an appointment. In the event of a late cancellation or no show for individual sessions, you will be charged the full rate of the session.
- You attest that if working in a private practice setting, a licensed mental health professional (i.e., LMHC, LMFT, LCSW, licensed psychologist, psychiatric ARNP, psychiatric DO/MD) will be available at your work site at all times in the event of a crisis or emergency.
- You attest that you will learn and abide by your agency's/work site's internal policies and procedures for managing acute crises and emergencies.
- You will not provide me with HIPAA-regulated protected health information (PHI) unless you have (a) obtained a signed HIPAA-compliant release of information from the client indicating the client's consent to sharing such information; and (b) have utilized the appropriate administrative channels in your agency/practice setting to permit sharing such information with an external supervisor. (Note that the sharing of PHI is not typical in my supervision practice.).
- You will keep a log of client contact hours that I will review weekly during face-to-face supervision appointments. You may use abbreviations as client identifiers or first names and last initials only to avoid unnecessary sharing of PHI.
- You will provide me with verbal and/or written case presentations for client case conceptualization and discussion.
- You agree to provide me with video or audio recordings of sessions and to obtain your client's written consent for recording upon request by me. Note that in this scenario you will need to have also adhered to your agency/practice's internal administrative procedures for such "raw data" to be shared.
- During each session, you will provide me with updates regarding cases discussed during each previous supervision session.
- In the event that I inform you that I will be unavailable by phone for a specified period of time, you will obtain back-up supervision for emergency cases.
- You agree to evaluate my performance as a supervisor at the end of each semester.
- You agree to adhere to the codes of ethics of the ACA and AMHCA.
- If you have more than one Qualified Supervisor or clinical supervisor, either within your agency or outside of it, you agree that there may be scenarios in which I will need to communicate with your on-site supervisor(s). This is particularly critical for scenarios involving clear and significant breaches of law and/or professional ethics.

 Supervisee's Signature Date Supervisor's Signature Date

Supervisee Name and Date of Birth: _____

Supervisee's Work Site(s): _____