

# Andrea Garraway Counseling PLLC

Supervision Contract

NCC, QS, CCS, CS, LCMHC, LCAS, AADC, ICAADC, ICCS

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<b>Supervisee:</b>		
<b>Address:</b>		
<b>Telephone:</b>		<b>Email:</b>

I, **Andrea Garraway** agree to provide, \_\_\_\_\_ with clinical supervision.  
The format for supervision will include (mark any or all of the following):

- Mental Health supervision for \_\_\_\_\_ hour(s) per week
- Substance Use supervision for \_\_\_\_\_ hour(s) per week
- Group supervision for \_\_\_\_\_ hour(s) per week
- Test Preparation NCC, MAT, or IR&RC Study Group

The duration of this supervision contract will be from the beginning on \_\_\_\_\_ until the termination of this professional relationship from either party. Andrea Garraway Counseling PLLC supervisor agrees to complete evaluation/reference forms necessary to verify this supervision, report supervisee's performance during this period to the appropriate licensing board for purposes of state licensing and/or professional credential applications, and/or provide documentation of services.

\_\_\_\_\_ agrees to comply with the following requirements: (a) act ethically and legally consistent with the professionalism; (b) provide the supervisor with all pertinent information related to each client; (c) keep the supervisor informed of any potential issues related to each client; (d) pay the required fee of an hour at each session; (e) maintain a clinical record and bring case notes and treatment plan to each supervision session; and (f) if possible, videotape or audio tape counseling sessions using appropriate informed consent.

Supervisee: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_