*Professional Disclosure Statement for Supervision*

**This form contains important information about your upcoming Supervision. Please read, and add your signature and date at the bottom.**

**About Your Supervisor**: I am a Licensed Professional Counselor Supervisor (LPC #S7097) with the North Carolina Board of Licensed Professional Counselors since 2008 and have held the supervisory credential since 2013. I am certified in Animal-Assisted Therapy (ID # 90709). I am a National Board Certified School Counselor (NBCT # 02720571). I received my Bachelor of Science at James Madison University in 2002. I received my Masters of Science at Radford University in 2004. From 2003-2006, I worked as an elementary school teacher. From 2007-2011, I worked as a school counselor. Currently, I provide outpatient individual and family counseling services to children, adolescents, and adults in the private practice setting since 2011.

**Theoretical Orientation**: My theoretical approach involves a blend of cognitive-behavioral, solution-focused, and motivational interviewing techniques built upon a person-centered foundation. I focus on building a strong therapeutic relationship with my clients by providing a safe environment where they can express themselves and feel valued and heard.

**Areas of Competence**: My experience includes school counseling, including school-based mental health. I also work with adults, adolescents, and children. I have experience with couples and family counseling. I also work with a variety of Employment Assistance Programs to assist adults and their families with stressors that interfere with the work environment. I utilize Animal-Assisted Therapy when requested by a client.

**Approach to Supervision**: Supervision includes your active involvement as well as efforts to improve your counseling skills and abilities. You will be asked to make tapes (audio or video) of your counseling sessions so that we can examine your skills and offer constructive feedback. I take a developmental approach to clinical supervision. Counselors who are not continuously growing and developing both personally and professionally can become stagnant, and often do more harm than good with their clients. As a clinical supervisor, I see my role as one to provide challenge and support on your journey. During the initial sessions, we will work together to specify goals, methods, risks and benefits of supervision, the approximate time commitment involved, etc.

**Evaluation**: I will provide formative evaluations throughout the supervision process as well as a final, written summative evaluation. You must provide case notes on your clients along with specific questions to discuss during supervision to allow for effective feedback. Periodically we will evaluate our progress and redesign our goals if needed.

**Confidentiality**: I regard the information you share with me with great respect, so I want us to be as clear as possible about how it will be handled. Because our supervision may be conducted within a triadic or group format, I cannot guarantee the complete privacy of our conversations. I will not share anything outside of our group, unless I am ethically and/or legally required to do so. I follow the American Counseling Association’s Code of Ethics and the Center for Credentialing and Education’s Approved Clinical Supervisor (ACS) Code of Ethics.

**Fees and Payment**: Each one hour session of supervision is $75, which must be paid in full at the completion of each session. Group sessions are $50. Major credit cards are accepted (Visa, Mastercard, American Express, and Discover).

**Cancellations**: Cancellations less than 24 hours will be charged full fee. Please schedule carefully.

**Emergencies:** If you have an *urgent* *situation,* which you feel needs immediate support, please contact your family physician, call Alliance Behavioral Access Line at 800.510.9132, call Holly Hill Hospital Response Line at (919) 250-7000, or go to the nearest emergency room and ask for the psychologist/psychiatrist on call. In the event of a life-threatening emergency call 911.

**Registering Complaints**: If, at any time, you feel my behavior or my supervision approach is inappropriate or troubling to you, please let me know.  If, however, you do not feel your concerns are being addressed appropriately, feel free to contact the following:

North Carolina Board of Licensed Professional Counselors

PO BOX 77819

Greensboro, NC 27417

Phone: (844) 622.3572

LPCinfo@ncblpc.org

**Informed Consent**: “I have read the above information, understand it, and agree to the conditions. I have read all office policies and understand my responsibilities.”

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Supervisee’s Signature Date

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Print Supervisee Name