

## Amanda Petrik-Gardner, LCPC

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### **SUPERVISION TREATMENT CONSENT, SUPERVISEE INFORMATION and RIGHTS**

The following is my attempt to inform you of your rights as a consumer of SUPERVISION services and to outline your responsibilities as a SUPERVISEE

**You have the right to:** be informed of your Supervisor's qualifications including his or her background, license, registration, areas of training, level of competency, training and years practicing as a supervisor. You also have the right to be informed of the supervisory procedures and risks; your supervisor's professional limitations; request a referral for a second opinion; participate in supervision planning/review/revision as well as terminating supervision at any time with a request for referral if desired.

**You have the right to supervision confidentiality:** Information may not be revealed to anyone without written permission from you except when disclosure is required by law, as in the following circumstances: suspicion of child abuse, neglect, sexual abuse, or abuse of a senior citizen; suspicion that the client presents a danger by having a plan to hurt himself or someone else; when disclosure may be required pursuant to a legal proceeding.

**Emergency Procedures:** For after hour emergencies call 911. Urgent calls can be made to 785-564-3965, which is Mrs. Petrik-Gardner's cell phone or 785-477-9117 which is her Private Practice. Please use this number for extreme emergencies. If you do not hear back from Mrs. Petrik-Gardner within 5 minutes, call 911.

#### **Limitations Of Guaranteed Confidential Communication Via Email, Cell Phone And Fax:**

Individuals may choose to contact Mrs. Petrik-Gardner via her email. In doing so, they agree to the understanding that cell phone, email, webcam, Skype, internet and fax communication are not guaranteed confidential methods of communication and when they call her on the urgent line, email her or contact her via the fax or internet, they are, by choice, relinquishing their rights of confidentiality.

**Supervision:** The Kansas Board of Behavioral Health requires that clients be informed that their case may be professionally supervised and that they give permission for the supervisory professional review of their care. Your initials and signature indicate your approval of this professional exchange.

**Records:** I understand that supervisee records are destroyed after 7 years of inactivity. I understand that in the following circumstances, retirement, transfer or her sudden incapacity or death, I will be notified by either Mrs. Petrik-Gardner or her Emergency Response Team regarding the protocol for my transfer of supervision and disposition of supervisory records. Public notice, print or electronic, may be used in the event of her death. If supervisory records change location, for any reason, I understand that a good faith effort will be made to notify the supervisee of the specific change and instruction will be given in how to access records. I understand supervisees may request a transcript, synopsis or copy of their case notes through a written request to Mrs. Petrik-Gardner . It is my responsibility to keep Mrs. Petrik-Gardner informed of any of my address or phone number changes. I understand that there is a usual and customary charge for chart retrieval, chart review, copying of records and a one on one meeting with Mrs. Petrik-Gardner . It is required that I meet with Mrs. Petrik-Gardner to review the records prior to personal receipt of treatment notes. I will be charged accordingly for this service; \$30.00 for medical records + \$0.20/page.

**Logs:** I understand that both my supervisor and myself will track my hours of supervision to determine when I have met the appropriate hours for my Training Plan. I will track my client contact and clinical hours and provide those logs for my supervisor for review.

**Practice Notice:** Amanda Petrik-Gardner, LCPC, may, at times, be affiliated with other health professionals who have joined together for the purpose of sharing a facility or securing peer consultation. If so, each health professional maintains their own private practice and in no way assumes any responsibility for the practices of the other full or part time professionals working out of this office or for professional considerations secured in the context of peer consultation.

**Scheduling:** I understand that it is my responsibility to contact Mrs. Petrik-Gardner to schedule and/or reschedule supervision services. To maintain this supervisory relationship, I am required to be seen at least twice per month. Please cancel in a timely manner, which is considered 24 hour notice, however emergencies are understood and will be discussed. No shows (no cancellation provided) will result in a \$45.00 fee while late cancellations (less than 24 hour notice) may result in a \$30.00 fee.

**Payment:** Payments can be made in the form of cash, check, or credit card. Supervision is reimbursed at \$90/hour and is expected at the time of supervision. If payments are not made in a timely manner, a credit card number will be kept on file and charged for you.

**Consent For Supervision:** I have read the above information and voluntarily consent to participate as a supervisee in supervision and/or consultation services. I understand and agree that the supervisor may discontinue supervision at any time and that the supervisee has the right to accept or reject the offered supervision.

***My signature also represents that I exercised my option to ask questions about any aspect of my supervision and that my questions were answered to my satisfaction. I understand this authorization can be revoked at any time through my written request. Unless otherwise indicated, it will remain in effect until I revoke its authorization in writing.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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