Clinical Supervision Agreement

Welcome! This agreement outlines our supervision relationship between Moira Ryan, LPC (“supervisor”) and you (“supervisee”). I'm excited to support your growth as a therapist and work together to develop your clinical skills.

Our Supervision Partnership

We'll meet via HIPAA-compliant video platform for 50-minute sessions. Our work together will focus on your clinical development, professional growth, and ethical practice. Throughout our relationship, we can identify specific learning goals and areas of focus that matter most to you.

Investment and Scheduling

- Individual supervision sessions are $125 for each 50-minute meeting
- Group supervision sessions are $75 for each 90-minute meeting; groups run with 3–6 supervisees
- Payment is due at or before our session time
- If you need to cancel, please let me know at least 24 hours in advance to avoid being charged for the full session
- To maintain continuity in our work, fees need to be paid in full each month before scheduling for the following month
- Only paid supervision hours can be counted toward your licensing requirements
- If additional services are needed (such as consulting with agencies or licensing boards), these will be billed at the individual supervision hourly rate
- If you choose to have me review clinical documentation as part of supervisory billing oversight, note reviews are billed at $7 per note

Staying Connected

- You can reach me at counseling@moiraryan.com or 503-468-6998
- For scheduling and brief questions, email and text work great
- For routine client-related discussions, let's save those for our supervision time
- For urgent clinical situations that can't wait for our next session, call or text me directly
- In case of emergency, please call 911 or the Multnomah County Crisis Line (503-988-4888)

Working with Multiple Supervisors

If you're working with other supervisors:

- Please let me know about these relationships
- You'll be responsible for coordinating documentation between supervisors

- We can discuss any differences in approaches or guidelines
- You'll decide which guidelines best fit your practice

Documentation and Requirements

To ensure we're meeting all professional standards:

- You'll track your supervision hours
- I'll maintain contemporaneous records of our supervision sessions and hours, retained for at least three years per OBLPCT requirements
- I'll complete board evaluations, hour verifications, and other required paperwork within 3 days of receipt
- Please let me know of any changes in your OBLPCT status
- If we need to pause supervision for more than two months, we'll update our agreement
- If any concerns arise, we'll discuss them openly to find solutions
- Either of us can end our supervision relationship with notice to the other

Staying Current with Board Requirements

While I will always do my best to give you accurate guidance, it is your responsibility to review and stay current with OBLPCT's requirements for registered associates, found in OAR Chapter 833, Division 50: https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3734. Board rules change, and I don't want an error or outdated information on my part to cost you reportable hours — please verify the requirements of your registration plan directly with the Board.

Understanding Confidentiality

While I take confidentiality seriously, Oregon law doesn't provide the same protections for supervision as it does for therapy. I may need to share information in cases of:

- Risk of harm to self or others
- Mandated reporting situations
- Ethical concerns
- Legal proceedings
- My own supervision
- Group supervision contexts

Professional Standards

To maintain our professional relationship, please provide:

- Your professional disclosure statement
- Proof of liability insurance (and updates if it changes)

- Your client informed consent forms
- Any additional documents required by OBLPCT

You'll be expected to:

- Follow ACA, NBCC, and OBLPCT ethical guidelines
- Let me know about any personal or professional issues affecting your practice
- Take responsibility for your clinical decisions
- Maintain appropriate insurance coverage

Payment Authorization

You'll add your payment card securely through Pluto Mental Health's payment platform, and by signing below you authorize me to charge your card on file following each appointment for that session's fee (and any note review fees incurred). If you prefer to pay a different way, such as sending a check in advance of our session, just let me know — a card on file is not required if you elect another payment method.

Agreement

By signing below, we're both committing to a productive supervision relationship that follows OBLPCT requirements. I look forward to working together!

_____

Supervisee Signature / Date

_____

Printed Name

_____

Moira Ryan, LPC / Date