

## *Cathy Henschel-McGerry, MA, LMHC, LMFT*

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1026 NE 95th St., Seattle, WA 98115

206-364-2775

### Supervision Agreement Form

The purpose of this form is to ensure a common understanding about the supervision process.

#### Professional Disclosure

I earned a Masters degree in counseling psychology from Antioch University Seattle and am a licensed mental health counselor, licensed marriage and family therapist and an approved supervisor in the state of Washington. I am a member of the Association for Humanistic Psychology, the Jungian Psychotherapist Association, The Association for the Advancement of Psychosynthesis and the Washington Mental Health Counselors Association. I have worked in agency and private practice since 1983 and I teach in Antioch University Seattle's Clinical Masters in Psychology program. My theoretical orientation for therapy and supervision combines humanistic, transpersonal, psychodynamic and developmental theories.

#### Practical Issues

To adequately work on your professional development, we need to meet on a regular basis. We would usually meet weekly for a fifty-minute hour unless we have made other arrangements. Fees will be determined prior to the initial session. Fees may vary based on my perception of current going rates and any agreement that I may come to with you.

If you need to speak to me between sessions or in case of a client emergency, you may call me at my office, 206-364-2775 or email me at [Cathy3hmc@comcast.net](mailto:Cathy3hmc@comcast.net). I will get back to you as soon as possible. I check voicemail frequently during the weekdays and several times over the weekends. If I am out of town we will arrange for you to have the contact information of a licensed clinician who will be available to you in my absence.

#### Cancellations

If you miss a scheduled session with less than **48 hours notice**, you will be charged for that session, regardless of circumstances, unless we can reschedule within that week, or time frame within your regularly scheduled appointment. (**For Monday appointments**, you will need to notify me by Friday, so it will be **72 hours** or three days.) If you need to change your appointment for work or leisure, the sooner you give me notice, the more able I am to accommodate you with another appointment time. If I need to cancel an appointment for an emergent issue, you will of course, not be charged.

As this time is reserved for you, and I do not offer it to anyone else, I lose the income when you are not able to make your appointment. Late cancellations are never easy on your finances, and

if I can reschedule your time with someone else, you will not be charged for that missed session.

Several times a year I will likely be out of the office for retreats and vacations. I will give you as much time as I am able, so you can plan accordingly.

In the case of snow or illness, I offer either a Skype, V-SEE or phone session as an alternative to coming in person. For those who wish to keep their appointment in person, that will always be an option.

## Emails

Emails are not secure and I cannot guarantee confidentiality. They are best used for scheduling purposes if you need to change an existing appointment or need to give me other salient information. I do check email, but not as often as the phone. Therefore, if you want to get hold of me, it is best to leave a phone message.

## Texting

If you decide to send a text, please indicate yourself by name, as your name may not show up on the caller ID. My preference is a phone call, but under certain circumstances you may find texting easier. This method again, is only meant for scheduling purposes and not supervision issues.

## Supervision Process

My goal is for your supervision to be a rewarding and caring experience. It is an interactive process that improves the quality of client care, increases your clinical skills and nurtures your professional growth. You can expect to receive timely feedback about your interventions and to have a supportive environment in which to explore client-related concerns, inclusive of transference issues that invariably arise.

As I am legally responsible as are you, for the quality of clinical care you provide, you may be asked to do readings, attend certain classes, or participate in additional supervision hours if education is needed for you to adequately practice as a therapist. You may be asked to bring in audio or videotapes of your work. These potential growth areas are designed to improve your counseling competencies and support your professional identity. I invite you to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on your therapeutic interventions.

Legally, you must notify your clients that you are receiving supervision from me. Your clients will need to sign an agreement permitting you to receive supervision either as part of your client disclosure form or in a separate document. Thus, all parties are informed about our supervision relationship.

Supervision is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise that seem to negatively affect your clinical practice, I may ask you to seek personal psychotherapy.

The content of our sessions and evaluations are confidential with certain exceptions. Limits to confidentiality include but are not limited to, treatment of a client that violates the legal or ethical standards set forth by professional associations and government agencies, and disclosures agreed upon in the Agency Supervision Agreement if we have signed one. I also have the ethical responsibility to require you to have additional supervision if necessary to bring your practice up to minimal standards. While I don't anticipate needing to do any of these things, it is in the interest of good supervision to be clear about our respective responsibilities.

Fee per session \_\_\_\_\_ (date) \_\_\_\_\_.

I, \_\_\_\_\_, have read and understand the above

\_\_\_\_\_  
*Supervisee signature*

\_\_\_\_\_  
*today's date*

\_\_\_\_\_  
*supervisor signature*

\_\_\_\_\_  
*today's date*

Name \_\_\_\_\_

Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Home

# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Emergency Name \_\_\_\_\_ PHONE: \_\_\_\_\_  
\_\_\_\_\_

REFERRED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_