



Contract for Individual Supervision

Dear Colleague,

You have decided to pursue professional supervision with me. In order to make this work a positive experience without misunderstandings of technical nature I would like to make you aware of a few basic rules.

- ☀ Sessions are either half an hour or one hour in length. Please let me know upon booking for how long you would like to meet. If not informed otherwise I will book a 1 hour session for you and charge you accordingly.
- ☀ Sessions happen via SecureVideo, on the phone, or in my office in Cookstown.
- ☀ If you would like to **make an appointment or need to change or cancel an existing one**, please call me at **(416) 889-5291** or email me at **sabine@sabinecox.com**.
- ☀ Please allow me at least **24 hours to get back to you**. If you have to **cancel an appointment**, please do so at least **24 hours before** the scheduled time. I charge for the session if the cancellation happens later than that and I cannot fill the time-slot from my cancellation list.
- ☀ A **different number** may be applicable for **phone sessions**. If so, it will be provided upon booking.
- ☀ When leaving messages, please leave your **full name** and a **phone number** at which you can be reached during **daytime hours** (between 9:00 am and 7:00 pm).
- ☀ Please be in time for your appointment. We will end the session in time, no matter when you arrive.
- ☀ **Fees (2017):**
 - ☀ **Consultations:**
 - ☀ Full fee (full-time practice, RP or counsellor): \$115.00 incl. HST/hour
 - ☀ Low fee (part-time practice, RP or counsellor): \$95.00 incl. HST/hour
 - ☀ **Supervision:**
 - ☀ Full fee (full-time practice and training completed): \$105.00 incl. HST/hour
 - ☀ Low fee (part-time practice and / or in training): \$85.00 incl. HST/hour
 - ☀ Half-hour sessions are prorated.
- ☀ Fee changes will be announced in session or on my website at least one month in advance.
- ☀ **Payment** for the session is **due on the day of the session or in advance**. Please have your **cheque** (made out to Sabine Cox.), **Visa or Mastercard or cash** ready at the end of the session. You may also pay in advance via PayPal on my website at www.sabinecox.com or via EMT to sabine@sabinecox.com.
- ☀ I practice *self-reporting* supervision: I do not require written reports or recordings of sessions. Please bring your client work, questions and client issues, your concerns re: training, transference, or counter-transference, and anything else you want to work with. Together we will explore your questions and concerns and strive to find the most appropriate answer / course of action for you to take.

☼ Office details:

- ☼ 7 Selby St. Cookstown, ON, one street south of HWY 89, west off HWY 27
- ☼ Street parking or parking on the left side of the driveway (behind the Subaru)
- ☼ Two cats are living at the home; if you have allergies, please take the necessary precautions
- ☼ Not wheelchair accessible

☼ Responsibilities:

- ☼ RPs and counsellors: I do not in any form take on responsibility for your clients well-being. This responsibility remains entirely with you.
- ☼ Students and RP qualifying: a separate contract outlining your goals, our direction in supervision, and our respective responsibilities will be added to this contract.
- ☼ I do not in any form take responsibility for the implementation of the strategies or ideas discussed in your supervision sessions with me. It is up to you to decide when and in what way to do so.
- ☼ Any advice I may offer on how to approach specific situations or concerns is understood to be given within the limitations of a third party perspective. You are asked to trust your professional understanding and therapeutic intuition when dealing with your clients in session.

☼ **Limits of Confidentiality:** I take privacy very seriously. Everything you tell me in sessions is confidential; however there are a few exceptions/circumstances in which I cannot maintain confidentiality. Like you, I am required to disclose confidential information if any of the following conditions exist:

1. If you have knowledge of and tell me about a **child who currently is living in an abusive situation.**
2. If you tell me that **you or your client are / is planning to seriously harm yourself / himself / herself or someone else.**
3. If during our sessions and in spite of having addressed this in your supervision sessions, I deem that your conduct with a client is harming the client. (In this case I will contact the appropriate regulating body, e.g. your association, professional College, etc.)
4. If you have knowledge and tell me about abusive actions by a medical professional towards his / her patients.
5. The College of Registered Therapists of which I am a member has the right to review my record keeping. If asked I have to open my records to them for random checks. Any person doing these checks will be bound to the same professional confidentiality rules that also apply to my practice.

Should I feel it necessary to break confidentiality in any of the above situations, I will strive to inform you prior to releasing this information and to involve you in the processes necessary to protect your client's and the general public's interests and safety.

☼ **Privacy:** I collect some information such as contact information for my files and professional communications with you. I will not sell, share, or otherwise release this information to any third party without your explicit permission or unless mandated to do so by law.

☼ Should you require a note about your participation in supervision for your own purposes (registration, associations, etc.) please give me at least 10 days to provide you a copy.

If you have any questions, please don't hesitate to ask me. I am looking forward to working with you.

If you understand and accept the above and wish to pursue individual supervision with me, please sign below.

Date:

Name (please print):

Signature: