



Krystina Field MSW MHP LICSW

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### **Informed Consent for Supervision**

This document explains the expectations, responsibilities, and policies of clinical supervision with me, Krystina Field LICSW. It also covers my fees (including cancellations/no-shows), confidentiality, and includes my contact and credential information. By signing, you are agreeing to the policies within this document and affirming your understanding of the information provided so please take your time in reviewing this document and keep a copy for your records. Feel free to reach out for any additional clarification or questions.

### **Supervision**

I offer group and individual supervision for associates (specifically LSWAICs, LSWAAs, LMHCAs, and LMFTAs) to participate in via secure video call or in-person for folks located in the Spokane, WA area. I may ask group supervision attendees to have a primary supervisor if they do not attend individual supervision sessions with me. My areas of experience and expertise include adults, adolescents, trauma/PTSD, women's issues, mindfulness, somatics/interoception, EMDR, Person-Centered Therapy, sex work, kink/BDSM, and 2SLGBTQIA+.

After holding an independent license for 2 years, I then completed 15 clock-hours of continuing education in supervision (documentation available upon request) as well as over 25 hours of experience in supervision of clinical practice under the guidance of an approved supervisor to meet the Washington State Code requirements to become an approved supervisor.

Both the supervisee and I, as the supervisor, have the right to terminate the supervisee/supervisor relationship at any time. If I choose to terminate the relationship with a supervisee, I will offer referrals for other approved supervisors.

### **Responsibilities**

Per Washington State Code (WAC 246-809-710(2)), associate supervision must include clearly communicating the nature of the supervisory relationship to the public, other professionals, and all clients served. The supervisee's responsibilities also include but are not limited to upholding the code of ethics related to their licensure, familiarizing themselves with

and following HIPAA (Health Insurance Portability and Accountability Act) as well as federal and local laws and rules that impact their practice, and maintaining appropriate clinical records and documentation— including of supervision hours received. It is the supervisee's responsibility to ensure supervision hours under a licensed mental health practitioner comply with the requirements in WAC 246-809-130 or 246-809-330, as applicable. Supervisees are also responsible for bringing questions, disclosure of services they provide, concerns, cases to staff including treatment plans and safety plans, disclosure of caseload, theory and practice of work being conducted, exploration of local laws and rules, standards of practice, coordination of care with other professionals and agencies, professional literature and research insights/questions/concerns, goals for growth, and topics of interest to supervision for discussion.

Within the dynamics of the supervision relationship, my responsibilities include providing feedback and guidance to the supervisee regarding clinical work, ethical concerns, mandatory reporting, and per Washington state code (WAC 246-809-020(1)) meeting with supervisees at least one hour for every 80 hours of the supervisee's clinical practice time. I will also maintain recordkeeping of supervision hours received, topics discussed in sessions, and my own insights to supervisee's growth. I will provide accurate and objective letters of reference or any other documentation of the supervisee's work at their request. I will maintain to the best of my ability a safe, supportive space for supervisees to process their experience, explore case conceptualization, discuss ethics, and any/all topics they bring into session.

Any disagreements regarding my clinical insights, guidance, feedback, or otherwise as a supervisor can be handled outside supervision sessions by appointment that work for both parties' schedules at no cost to the supervisee.

### **Financial Policies**

Fees for supervision will be disclosed before the beginning of the supervision and will be based on the duration and frequency of meetings. Enrollment for time-limited group series must be cancelled 2 weeks prior to the first meeting in order to qualify for a refund. If the group census is below the minimum, I reserve the right to cancel up to 72 hours prior to the first group. In this situation, I will refund any payments made. If you join a group late or miss a session once the series starts there will be no refunds and you will not gain credit for time not present in supervision. For group series, the payment will be due at time of enrollment unless other agreements have been made. For drop-in groups, payment will be due at the beginning of the group session. For individual and dyadic sessions, payment will also be due at the beginning of the session.

If you no-show to a supervision session or cancel within 24 hours of the scheduled start time you will be charged a fee (see fee schedule below).

### **Fee Schedule**

The following fees are subject to change with appropriate, timely notification to all supervisees of at least 30 days.

Individual: \$85 per hour  
Dyadic (2 people): \$60 per hour  
Group (3-6 people): \$90 per 2 hours  
No-show/late cancel\* fee: \$85

\*I define 'no-show' as failing to arrive for a scheduled supervision session within 15 minutes of the agreed upon start time – this includes groups that you have confirmed attendance for. I define 'late cancel' as cancelling a scheduled supervision session or notifying me you will not attend a group less than 24 hours in advance from the start of the session/group. I reserve the right to waive this fee under my discretion.

### **Confidentiality**

I keep all client information private and confidential except when I am mandated to disclose certain confidential information including suspected abuse or neglect of children under RCW 26.44, suspected abuse or neglect of vulnerable adults under RCW 74.34, or as otherwise required in proceedings under RCW 71.05. All information discussed in group supervision about clients or other participants is requested to be kept confidential by all participants as well.

### **Information on Legal Standards for Licensure**

Below I have shared information regarding licensure requirements in Washington state for different mental health professionals. State code and laws change frequently, so please remember it is the supervisee's ultimate responsibility to ensure they are meeting the licensure requirements for their profession.

#### LMHCAs:

- 3,000 total hours of experience, or 36 months full time
  - 1,200 direct client contact including individuals, couples, families, or groups
- 100 hours of "immediate" supervision (up to 2 associates) by MFT, MHC, CSW, Psych(x2), PNP
  - 50 supervision hours and 500 practice hours credited if degree was CACREP accredited

#### LMFTAs:

- 3,000 total hours of experience
  - 1,000 direct client contact
    - 500 diagnosing & treating couples & families
- 200 hours of supervision MFT, MHC, CSW, Psych(x2), PNP
  - 100 must be one-on-one supervision
  - 100 may be in one-on-one or group supervision (up to 6 associates)

- At least 200 of the supervision hours must be with a LMFT who has at least 2 years clinical experience
- 100 supervision hours and 500 practice hours credited if degree was COAMFTE accredited

LSWAAs:

- 3,000 total hours of experience
  - 800 direct client contact
- 90 hours of supervision
  - 40 hours must be one-on-one
  - 50 hours may be group (up to 6 associates)

LSWAICs:

- 3,000 total hours and 2 years experience
  - 1000 direct client contact
- 100 hours of supervision
  - 70 hours must be supervision by LICSW
  - 30 may be with MFT, MHC, CSW, Psych(x2), PNP
    - 60 hours must one-on-one
    - 40 hours may be group (up to 6 associates)

**Attestation and Consent to Supervision**

By signing this document, you are attesting that you have received, read, fully understand, and consent to the information and policies described above. You are attesting that you are not a blood or legal relative, peer, former client, nor cohabitant of Krystina Field LICSW. You are also attesting to your consent to participate in supervision, including any groups, facilitated by Krystina Field LICSW and that you are responsible for paying all fees as outlined in this agreement day of service or before.