



**Walter A. McGerry, MA, LMFT, LMHC**

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### **Supervision Consent 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, and Northwest Alliance for Psychoanalytic Study and the Washington Mental Health Counselors Association. I have worked in agency and private practice since 1980 and I teach in Antioch University Seattle's Masters in Psychology program. My theoretical orientation for therapy and supervision combines Humanistic, Transpersonal, Jungian and other 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 miss a scheduled session with less than 24 hours notice, you will be charged for that session. If you have a scheduled appointment or regular time slot and cancel with at least 24 hours notice you will be charged half the fee. There are two exceptions, as follows: 1) We are able to reschedule your appointment within the normal interval before your next appointment, or 2) I am able to schedule someone else during your cancelled appointment. In these two cases you will not be charged for the cancellation.

If you need to speak to me between sessions or in case of a client emergency, you may call me at my office. I will get back to you as soon as possible. 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.

### **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.

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.

### **Please, remember this is a residential neighborhood**

In consideration of our neighbors,

- 1) Please use parking in front of our house when possible
- 2) When that isn't available, park across the street in front of the very tall laurel hedge.
- 3) As a last resort, if you do park directly across the street, please do so at one end of the parking strip rather than in the middle
- 4) **Help us show respect for our neighbors by driving slowly on our block.**



If you have any questions or concerns regarding the above information, please discuss them with me. Thank you.

Fee per session, \$135.00 date\_\_\_\_\_.

I, \_\_\_\_\_, have read and understand the above  
*Print supervisee name*  
policy & disclosure statement.

\_\_\_\_\_ *supervisee signature* \_\_\_\_\_ *today's date*

\_\_\_\_\_ *supervisor signature* \_\_\_\_\_ *today's date*

Name\_\_\_\_\_

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

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

Email Address \_\_\_\_\_

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

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