

Adoption Related Services of Pinellas
8800 49th Street N. Suite 212 ♦ Pinellas Park, FL 33782
Fax: (727) 865-5178

AFTER HOURS-SUPERVISION AGREEMENT

CLIENT NAME		DATE OF BIRTH	
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Per Florida Statutes chapter 491 and Florida Administrative Code Rule Chapter 64B4 of the Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling, a Registered Mental Health Counselor Intern is required to work under the supervision of a qualified supervisor. All cases must be reviewed by the qualified supervisor. Under the provisions of Florida Statute chapter 491.0147, all communication between the client, the Registered Mental Health Counselor Intern, and the qualified supervisor (or any combination thereof) will be held in strict confidence unless you have given express written permission, a court order has been provided to request records or there is risk of harm to yourself or others (including child or elderly abuse). I understand that I can discuss any questions regarding the qualifications or any other requirements of the Registered Mental Health Counselor Intern with my counselor at any time during treatment.

I further understand that my case will be discussed with a qualified supervisor and that I can call (727) 657-7761 if I have any questions regarding the services I am receiving.

It is the policy of Adoption Related Services of Pinellas to provide comprehensive services to clients, including crisis intervention services when necessary. While we will make every effort to plan and implement proactive interventions, we recognize that emergency situations arise and families will occasionally need assistance between regularly scheduled appointments.

Situations that warrant requests for emergency services include, but are not limited to, the following:

- Suicidal or homicidal threats
- Physical aggression
- Running away
- Medication error
- Self-injurious behavior

In any type of life threatening emergency, please call 911 immediately.

Please use discretion in making requests for emergency services. All non-emergency situations will be addressed on the next business day. By signing below, I am acknowledging that I have read and fully understand the After Hours Agreement.

Signature of Client (If minor, Parent and/or Legal Guardian/Authorized Representative must also sign)

Date

Signature of Parent / Legal Guardian / Authorized Representative (circle all that apply)

Date

Signature of Parent / Legal Guardian / Authorized Representative (circle all that apply)

Date

Signature of Counselor / Witness

Date