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## CONFIRMATION OF PRIVATE PRACTICE ARRANGEMENTS - PSYCHOLOGY

We confirm that in the practice of \_\_\_\_\_:

1. The setting provides such diversity in clientele and practice activities as will prepare the supervised member adequately for autonomous practice in the intended area of practice;
2. It is made clear to clients from the outset of provision of service, to third party insurers, and in all public announcements, that services are being provided by a supervised member; the identity of the supervisor must be provided in each of these instances;
3. Clients are advised that meetings between the clients and the supervisor may occur at the request of the client, the supervisor, or the supervised member;
4. All formal reports and communications are co-signed by the supervisor;
5. Billing of clients, and the collection of client fees, are carried out in the name of the supervisor. Such billing includes a statement of the supervisory relationship, the identities of the supervisor and supervised member, and the address and telephone number of the supervisor;
6. Where a private practice takes place at more than one site, the supervisor and the supervisee should work at the same site for the majority of the time.

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervised Member's Name

\_\_\_\_\_  
Supervised Member's Signature

\_\_\_\_\_  
Date