



Student Supervision Agreement

The following agreement is made between the student and the Reliant Rehabilitation supervising therapist or assistant; hereafter referred to as the supervisor.

The supervisor will:

1. Be solely responsible for providing the necessary supervision of the student.
2. Provide supervision in accordance with state and federal regulations and practice act guidelines, always following the most stringent.
 - a. Medicare B patients treated by a student require direct, line of sight by the supervisor.
3. Never share their password for electronic medical systems.
4. Allow the student to document in the electronic medical record (EMR), as appropriate, with immediate direction from the supervisor.
5. Understand the student functions as a direct extension of the clinician and will code all treatments provided by the student appropriately, as outlined in payer guidelines.
 - a. For Medicare A, both the supervisor and student may treat separate patients at the same time; however, the session must be coded as group (patients are performing the same task) or concurrent (patients are performing different tasks) as indicated.
 - b. For Medicare B, the supervisor may not treat any other patients while the student is treating.
6. Retain full responsibility for the care of the patient.
7. Assign only duties in which the student demonstrates competence and verbalizes agreement/confidence to safely perform.
8. Provide line-of-sight supervision when indicated by state/federal regulations and practice act guidelines.
9. Be physically present in the facility and immediately available to provide guidance to the student during provision of treatment.
10. Ensure the student is in the facility only during the hours the supervisor is present.

The student will:

1. Complete all student onboarding processes required by Reliant Rehabilitation prior to service delivery.
2. Be under the direct supervision of the designated supervisor.
3. Be in the facility only when the supervisor is present.
4. Complete only those tasks assigned by the supervisor.
5. Engage only in activities they feel confident to safely perform, even if otherwise instructed by the supervisor.
6. Will never request and/or utilize EMR login information of the supervisor.
7. Document in the EMR only as directed by the supervisor.

_____	_____	_____
Student Name	Student Signature	Date
_____	_____	_____
Supervisor Name	Supervisor Signature	Date