

CONSULTATION AGREEMENT

This is a consultation agreement between Jackie L. Stout, LCSW (Consultant) and _____ (Consultee). It is the only agreement between these parties.

Nature and Limits of Service

Consultant agrees to provide group consultation services to consultee for the purpose of discussing Early Trauma Protocol as a clinical application to Consultee’s psychotherapy services. This may include discusses of other therapeutic modalities (including EMDR therapy) as adjunctive applications for clients where there are issues of structural dissociation, affect phobias, psychological defenses, personality disorders and co-occurring disorders.

Limits of Service

It is expressly understood that no supervision or employment relationship exists between Consultant and Consultee. Consultee affirms that s/he is independently licensed to practice psychotherapy and maintains any and all insurances (including malpractice) and requirements necessary for practicing in his/her jurisdiction. It is understood that neither Ms. Stout, as Consultant, nor other therapists/participants shall be construed as providing supervision to another Consultee/participant on any specific case. While clinical possibilities will be discussed and ideas shared in relation to the clinical situations presented, the Consultee is solely responsible for the nature and quality of services provided to the client/patient.

Non-EMDRIA Consultation hours

Any EMDR therapy consultation offered through this agreement is for advanced applications of EMDR therapy and is not structured to meet the requirements for EMDRIA Certification in EMDR. Consultee understands and agrees that hours of consultation provided under this agreement will not be applicable to EMDRIA Certification.

Confidentiality

Consultee will notify clients and obtain signed Release of Information for consultation prior to presenting any case material to Consultant. Consultee will omit any potentially identifying information from all written or electronic materials and in oral discussions with Consultant. Consultation will focus on general principles and fidelity in application of treatment for kinds of cases, not for specific or identified cases. Consultee understands that whatever information is presented in these sessions is to be kept confidential among the participants both during and after Consultee’s participation in the group, if applicable.

Fees

Consultee will pay Consultant in advance a fee of \$300 for 4 90 minute consultation sessions. Payments may be by credit card or by check with 7 days of services being rendered. Consultee will provide 24 hours notice to cancel.

Print Consultee Name _____ Date _____

Signature of Consultee: _____

Email _____ Phone _____ Fax _____

Address _____