

EMDRIA Group Consultation by Telephone Agreement

This is a consultation contract between Andrew M. Leeds, Ph.D., EMDRIA Approved Consultant, and _____ referred to as “I”.

Objective: The main objective of the consultation group is to increase clinicians' skills in the use of EMDR. Specific learning objectives can include perceptual, conceptual and procedural skills on the theoretical, practical and technical application of EMDR as a method of psychotherapy. As the primary body of treatment outcome research addresses the use of EMDR to treat Posttraumatic Stress Disorder, Specific Phobias and other post trauma related clinical syndromes; the focus of group consultation will be on the use of standardized procedures (described in Francine Shapiro's 2001 text) for these clinical conditions.

EMDRIA Group and Individual Consultation hours: About 15 business days after the 6th group session, Dr. Leeds will provide written documentation of consultation hours for the time I spend in these sessions. I will receive documentation of a portion of these hours as individual consultation hours when I present and participate in discussion of case material from my clinical use of EMDR for at least 20 minutes at a time. To assure accurate records of my participation I will announce myself when I enter and before leaving a conference call.

Conflict resolution: A friendly atmosphere is advocated and will be fostered in the consultation process. If differences arise, both Dr. Leeds and I commit ourselves to resolve any issues in a professional and mutually beneficial manner, including, if necessary, bringing in a third party. Dr. Leeds and I each agree to abide by the code of ethics of the professional organization(s) to which we belong.

Logistics: The consultation group will meet via teleconference call for 6 sessions.

Fridays: November 14, December 19, 2008, January 16, February 20, March 20, and April 17, 2009.

Call times for each time zone for the early Friday series:

Pacific: 7:30 AM – 9:30 AM

Mountain: 8:30 AM – 10:30 AM

Central: 9:30 AM – 11:30 AM

Eastern: 10:30 AM – 12:30 PM

The consultation group will include a maximum of eight members. I will be provided with the conference phone number and pin at least 7 days in advance via e-mail unless I have made other arrangements with Dr. Leeds. The call number and pin do not normally change over the six sessions of this series. I understand that I am responsible for all long distance charges for conference calls. The call will be to a US domestic phone number probably in the (309) area code.

To keep consultation fees reasonable **I understand I will not be given an alternate session nor a refund if I am unable to attend one or more of the sessions** for which I am registered.

Confidentiality:

As a member of this consultation group, I agree to notify my clients and obtain their written consent in advance of presenting case material. I will treat as confidential any case material presented by others in this group. Although not required, when possible I will provide a written case summary to Dr. Leeds and other members of this group of cases before I present individual cases. I will alter identifying information in any case material I present. A case summary form is available from Dr. Leeds website at:

<<http://www.andrewleeds.net/summary.doc>> or

< <http://www.andrewleeds.net/summary.pdf>> or on request from Dr. Leeds office staff.

Fee: I agree to pay the consultation group fee in full as described below (even if I miss one or more of the sessions). **No make-up sessions are provided and switching of group series is not permitted.**

I am confirming my choice of day and dates by initialing before the Friday and checking my choice of fee arrangements below:

___ **Fridays:** November 14, December 19, 2008, January 16, February 20, March 20, April 17, 2009.

___ I agree to pay \$420 for this consultation group series in full in advance.

By check #___ By credit card below.

Or

___ I authorize Dr. Leeds to charge my credit card below for six automatic payments of \$75 each month as listed above for a total of \$450.

___ Initial here to request the 25% fee reduction available to clinicians employed in Community Mental Health or nonprofit agencies. **With this signed agreement include a letter on agency letterhead confirming employment 30 hours or more per week.** You will then be charged \$315.00 in full or \$56.25 per month for a total of \$337.50.

Circle one: MasterCard Visa Discover American Express

Card number: _____ Expires _____

Name on card: _____ Signed: _____

Date: _____ Phone: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Fax: _____ E-mail: _____

By signing below, I indicate my acceptance of this Group Consultation Agreement:

Print Name: _____ Signed: _____ Date: _____

**Andrew M. Leeds, Ph.D., 1049 Fourth St., Suite G, Santa Rosa, CA 95404
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