

## Consultation Agreement

This agreement is made between Andrew M. Leeds, Ph.D. (Consultant) and \_\_\_\_\_ (Consultee). It is the only agreement between them.

Nature of Service: The purpose of consultation services under this agreement is to discuss clinical, ethical and professional issues related to Consultee's psychotherapy services.

Limits of Service: It is expressly understood that no supervision or employment relationship exists between Consultant and Consultee. Consultee affirms that he or she is independently licensed or credentialed to practice psychotherapy in his or her jurisdiction, maintains malpractice insurance and that Consultee remains solely responsible for the nature and quality of the services provided to Consultee's clients. Consultant agrees to provide Consultee information based on available research, scholarly consensus, and Consultant's experience for Consultee to consider. Consultee will at all times rely on his or her own judgment and discretion in offering psychotherapy services to Consultee's clients. It is also expressly understood that no psychotherapy relationship exists between Consultant and Consultee.

Confidentiality: If required in Consultee's jurisdiction, Consultee will notify clients and obtain written informed consent prior to presenting any confidential case material to Consultant.

Relationship to EMDRIA Credentialing: Consultant is accredited as an Approved Consultant by the EMDR International Association to provide consultation hours toward EMDRIA Certification in EMDR. It is expressly understood that this consultation agreement is for occasional consultation not structured to meet the requirements for EMDRIA Certification in EMDR. Consultee agrees that hours of consultation provided under this agreement will not be applicable to EMDRIA Certification.

Fees: Consultee will pay Consultant a fee of \$150 per hour of service for consultation. Payments may be by credit card or by check within 7 days of services being rendered. Consultee will provide 2 business days notice to cancel or reschedule consultation appointments or pay the standard fee.

Resolution of issues: Consultant and Consultee abide by their respective professional organizations' code of ethics. If any ethical issues arise related to the consultation relationship, Consultant and Consultee will make every effort to resolve them informally and with good will.

Date:

Date:

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Andrew M. Leeds, Ph.D.

Name: \_\_\_\_\_

1049 Fourth St., Suite G

Address: \_\_\_\_\_

Santa Rosa, CA 95404

City/ST/ZIP: \_\_\_\_\_

(707) 579-9457

Phone: \_\_\_\_\_

Fax: (707) 579-9415

Fax: \_\_\_\_\_