

## EMDR Advanced Remote Group Consultation Agreement

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

Objective: The objective of this consultation group is to increase clinicians' knowledge and skills in the use of EMDR therapy for clients where there are complex clinical issues of structural dissociation, affect phobias, psychological defenses, personality disorders or co-occurring disorders.

Eligibility: clinicians with at least one year of EMDR practice after completing an EMDRIA approved basic training in EMDR therapy.

Limits of Service: It is expressly agreed that no supervision or employment relationship exists between Consultant and Consultee. Consultee – or Consultee’s legally mandated supervisor if any – remains solely responsible for services provided to Consultee’s clients. Consultant will provide information based on research, scholarly consensus, and Consultant’s experience for Consultee to consider. Consultee will at all times rely on his or her own judgment in offering specific psychotherapy services to Consultee’s clients.

Not for EMDRIA Consultation hours: It is expressly understood that the consultation offered through this agreement is for advanced EMDR clinicians 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.

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.

**Friday Series:** January 10, February 7, March 13, April 10, May 8, and June 19, 2020.

Call times for the Friday Advanced series: Pacific: 9:00 AM – 11:00 AM; Mountain: 10:00 AM – 12:00 Noon; Central: 11:00 AM – 1:00 PM; Eastern: 12:00 Noon – 2:00 PM

The consultation group includes a maximum of eight members. I will be given in advance via e-mail the conference phone number and pin and options for web browser and app login. I understand I am responsible for any long distance charges. The call is to a US domestic phone number with alternate numbers in many other countries. I agree to securely share case files via a free account on Box.com.

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 for consultation in advance of presenting case material. I will explain to clients that I will omit or alter any identifying information. I will treat as confidential any case material presented by others in this group. When possible I will provide a written case summary and/or near verbatim transcript of reprocessing sessions to Dr. Leeds and other members of this group before I present individual cases. I will be given secure access to a group folder on Box.com where these files can be shared. I will omit or alter identifying information in any case material I present.

A case summary form and near verbatim summary guide is available from Dr. Leeds website Resources page at:

<https://www.emdrconsultation.net/resources>

**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 below for the Advanced Friday Series and checking my choice of fee arrangements below:

**Friday Series:** January 10, February 7, March 13, April 10, May 8, and June 19, 2020.

Standard fee

\_\_\_ I agree to pay \$420 for this consultation group series in full in advance by check #\_\_\_\_.

**Or**

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

Agency discount

\_\_\_ 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.**

\_\_\_ I agree to pay \$315 for this consultation group series in full in advance, by check #\_\_\_\_.

**Or**

\_\_\_ I authorize Dr. Leeds to charge my credit card \$56.25 per month for a total of \$337.50.

**Credit Card Information**

Check one:  MasterCard  Visa  Discover  American Express

Card number: \_\_\_\_\_ Expires \_\_\_\_\_ 3 or 4 digit Security Code \_\_\_\_\_

Name on card: \_\_\_\_\_

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

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Contact Information**

**Mailing Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Please print legibly.**

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  
Phone: (707) 579-9457, Fax: (707) 703-5334**