EMDR Advanced Remote Consultation Agreement

This is a consultation contract between Andrew M. Leeds, Ph.D. (Consultant) and _____ referred to as "I" or "Consultee".

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. This may include the use of EMDR therapy 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 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: 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 written informed consent for consultation prior to presenting any confidential case material to Consultant. Consultee will modify, omit and/or redact all potentially identifying information from all case material.

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.

Fees: Consultee will pay Consultant a fee of $225 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.

Andrew M. Leeds, Ph.D.

1049 Fourth St., Suite G

Santa Rosa, CA 95404

Phone: (707) 579-9457

Fax: (707) 703-5334

California Licensed Psychologist

Signed: _____

Date: _____

Name: _____

Address: _____

City/ST/ZIP: _____

Phone: _____

Fax: _____

Email: _____

License type: _____

License number: _____