

## CONSULTATION CONTRACT

This agreement outlines the voluntary consultation relationship between the consultant Alyssa Meyer LCSW, RPT-S and the consultee \_\_\_\_\_. The consultant provides guidance and advice on specific cases or professional matters at the consultee's discretion, to assist in their professional development.

### 1. Purpose and Scope of Consultation

Consultation is a collaborative relationship where the consultant offers advice on individual cases or problems, but it is distinct from clinical supervision. Consultation is **not** a substitute for clinical supervision, nor is it for certification or licensure purposes, including RPT™ certification.

The consultant does **not** have access to full treatment plans or progress notes of the consultee's clients and assumes no liability for clinical decisions made by the consultee. The consultee is encouraged to seek additional supervision or consultation if needed and must follow ethical, legal, and professional guidelines governing their licensure and practice.

### 2. Confidentiality

Both parties agree to maintain confidentiality and handle any records or communications in accordance with ethical standards:

- **Staffing cases:** Client-identifiable information will not be shared in consultation sessions.
- **Sharing materials:** Any client videos or artwork shared must be accompanied by a signed release of information, granting permission for the consultee to share such materials with the consultant.
- **Record-Keeping:** Both the consultant and consultee will keep records of their meetings, including:
  - Dates and communication details.
  - Focus of each case discussed, including relevant ethical, legal, and procedural matters.
  - Recommendations or assignments provided by the consultant.
  - The consultation process, procedures, and progress.
- These records will be maintained securely and in line with confidentiality requirements. However, these records are not considered privileged.

### 3. Finances and Payment Terms

The agreed hourly rate for consultation is **\$135 per hour**. Payment is due at the time of service.

### 4. Cancellation and Rescheduling Policy

- Cancellations made **24 hours or less** before the session will incur the full consultation fee.
- Consultation sessions canceled **within 3 business days** will incur an **\$80 cancellation fee**.
- If a session is canceled and can be rescheduled within the same week, these fees may be waived, although availability cannot be guaranteed. Rescheduling requests must be submitted via email.

### 5. Supervision Clarification

Consultation is **not therapy** and is **not intended for personal therapy**. However, if personal issues arise that impact the consultee's clinical practice, they may be discussed. The consultee should seek therapy separately if necessary.



## 6. Termination of Consultation

This contract is mutually agreed upon and can be terminated at any time with **24 hours' written notice** from either party. If the consultee is seeking RPT™ certification, the consultant may provide guidance on transitioning through or completing the certification process.

## 7. Ethical and Legal Considerations

The consultee agrees to uphold the ethical standards of their profession, including NASW or their governing licensure board, and to comply with HIPAA regulations.

## 8. Modifications to Agreement

This contract may be revised at any time, upon mutual consent of both parties. Formal reviews of the contract may lead to revisions, but both the consultee and consultant must agree to any changes in writing.

### Signatures:

By signing this contract, the consultee agrees to the terms specified above, to manage the relationship and consultation process according to the ethical principles of their licensure board, and to follow all professional standards.

**Consultee Name (Printed):** \_\_\_\_\_

**Consultee Date of Birth:** \_\_\_\_\_

(This allows the consultant to add you to their medical records system to document meetings)

**Consultee Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Consultant Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

Alyssa Meyer LCSW, RPT-S