

Example Contract Agreement for Consultation

This sample agreement is provided as an example only. It is intended to be modified to suit your specific consultation practice and needs. You are not required to use this contract, but we do expect the consultant and consultee to enter into some type of written contractual agreement for consultation services.

Parties Involved

This consultation agreement ("Agreement") is entered into by:

Consultant

Name: _____

Credentials: _____

Email: _____

Phone: _____

Consultee

Name: _____

Credentials: _____

Email: _____

Phone: _____

Scope of Services

The Consultant agrees to provide [type of consultation] services to the Consultee. Consultation may include one or more of the following formats (check or describe):

- ☐ In-person
- ☐ Virtual (video conferencing)
- ☐ Phone

☐ Group consultation

☐ Individual consultation

Goals and Objectives of Consultation:

(Example: skill development, case conceptualization, fidelity to the EMDR model, preparation for certification, etc.)

Expectations of Both Parties

Both parties agree to the following expectations:

- Consultation hours will be accurately documented by the Consultee.
- The Consultant will provide professional feedback, guidance and recommendations consistent with EMDRIA™ standards.
- The Consultee is responsible for active participation, preparation for sessions and application of feedback.
- Assessment and evaluation of progress will be based on consultation discussions, submitted materials and observed clinical development.

Duration and Frequency of Consultation

- **Session Length:** _____ minutes (e.g., 60 minutes)
- **Frequency:** _____ (e.g., weekly, biweekly, monthly)
- **Expected Duration of Consultation:** _____

Progress will be reviewed regularly, and consultation needs may be adjusted by mutual agreement.

Clinical Case Material for Consultation

To support effective consultation, the Consultee may provide clinical material such as:

- ☐ Video recordings
- ☐ Audio recordings
- ☐ Near-verbatim transcripts
- ☐ Direct observation / in vivo experiences
- ☐ Case presentation forms or session summaries
- ☐ Case conceptualization and treatment plans
- ☐ Verbal summaries

All materials must be shared in a manner that protects client confidentiality.

Fees and Payment Terms

- **Individual Consultation Fee:** \$_____ per session
- **Group Consultation Fee:** \$_____ per session

Payment Schedule:

- ☐ At the end of each session
- ☐ Monthly
- ☐ Other: _____

Accepted Payment Methods:

- ☐ Credit/Debit Card
- ☐ Check
- ☐ Electronic Transfer
- ☐ Other: _____

Cancellation Policy:

(Example: Cancellations with less than _____ hours' notice may be charged a fee.)

Confidentiality and Privacy

Consultation discussions and materials are confidential and will be handled in accordance with professional and ethical standards. Limits to confidentiality include, but are not limited to, legal requirements such as mandated reporting, court orders or risk of harm to self or others.

Records related to consultation will be maintained by the Consultant in accordance with applicable laws and professional guidelines.

Informed Consent

The Consultee acknowledges that consultation is a professional development service and not therapy or clinical supervision (unless otherwise specified). The consultation process, expectations and limitations have been explained, and the Consultee consents to participate in consultation under the terms of this Agreement.

Rights and Responsibilities

Consultant Rights and Responsibilities:

- To provide consultation consistent with professional standards
- To set boundaries related to time, communication and scope of practice
- To decline consultation if it is outside the Consultant's competence

Consultee Rights and Responsibilities:

- To receive respectful, professional consultation
- To ask questions and seek clarification
- To remain responsible for all clinical decisions and client care

Termination of Services

Either party may terminate this Agreement with ____ days' written notice. Termination may occur immediately in cases of ethical concerns, nonpayment or boundary violations. Referral to another consultant may be provided when appropriate.

Dispute Resolution

Any concerns, disputes or grievances will first be addressed directly between the Consultant and Consultee. If unresolved, concerns may be addressed through a formal complaint or professional review process, as applicable.

Legal Considerations

This Agreement shall be governed by the laws of the state/province of _____.

Additional Clauses

Amendments:

Any changes to this Agreement must be made in writing and agreed upon by both parties.

Communication Policy:

Preferred methods of communication between sessions (e.g., email, scheduling platform) and expected response times.

Signature

By signing below, both parties acknowledge that they have read, understood and agreed to the terms of this Consultation Agreement.

Consultant Name (Print): _____

Consultant Signature: _____

Date: _____

Consultee Name (Print): _____

Consultee Signature: _____

Date: _____