



Lindsay Martin, PhD, LPC, NCC

Licensed Professional Counselor

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Professional Consultation Services Agreement

This constitutes an agreement between Lindsay Martin, PhD, LPC, NCC (consultant) and _____ (consultee) for the provision of consultation services by Dr. Martin to the consultee.

- We agree to meet at an interval to be mutually arranged.
- The fee for a consultation session, which will last 45 minutes, will be \$120.
- Fees will increase \$10.00 each year, at the beginning of the calendar year.
- Extra time spent in consultation (e.g., between sessions on phone or email) will be charged by 15-minute increments, based on the hourly fee.

We agree to the following rights and responsibilities in this consultation relationship:

1. Notification of risk.

The consultant may be available between scheduled consultation sessions for additional consultation in person or by phone as needed on an emergent basis. The consultee is not responsible for notifying consultant of risk.

2. Liability.

Consultee will maintain her/his own professional liability insurance coverage at all times. Consultee will not be covered by consultant's liability insurance. Consultant is not the employer or supervisor of the consultee, and is not responsible for any acts or omissions of the consultee.

Consultee will maintain licensure or certification in state or province of practice appropriate to her/his training.

3. Confidentiality.

The content of consultation sessions will be held in confidence with the following exceptions:

- (a) If consultee releases consultant in writing to share information for specific purposes;

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- (b) if consultant receives a court order requiring release of information;
 - (c) if consultee persists in actions that consultant has advised are ethically or legally potentially actionable (consultant reserves the right at this time to report consultee to regulatory or ethical authorities, and to terminate consultation services);
 - (d) if consultant determines that consultee is an impaired practitioner, consultant must report consultee to her/his licensing authority per Pennsylvania State law on impaired practitioners.

Consultee is free to terminate consultation services at any time. I understand and agree to the terms of this consultation agreement.

Acknowledgement

Are you agreeable to the terms above as provided by Lindsay Martin, PhD, LPC, NCC?

Yes No

Consultee Name _____

Consultee Signature _____

Date _____

Consultant Name _____

Consultant Signature _____

Date _____
