

## Jonathan Lebolt, PhD, LLC - New Consultee Agreement

Welcome! Thank you for thinking of me as your consultant. Please take a few minutes to look over the following before signing.

One of the most important factors in the success of ongoing consultation is the *relationship between consultant and consultee*. I ask that you agree to the following:

- Please be proactive in bringing up problems that you are having in your work with clients, so that we may discuss them openly. My goal is not to judge you, but to assist you in realizing your full potential as a clinician.
- Please let me know how you think consultation is progressing. Tell me when I am being helpful or unhelpful. Likewise, I will provide you with feedback about your progress.
- When either you or I think it's time to terminate consultation, let's discuss this in person.

**Confidentiality:** I will treat all identifying information about clients, and any information about your personal history that is relevant to your work with clients, as confidential. I may discuss cases with peers, disguising your and clients' identity, if I think it will help me be more effective in consulting for you.

**Payment:** Payment: I will charge your credit card \$255 after each session unless we make other arrangements.

**Cancellation policy:** : I will charge you the full fee for missed appointments that you have not cancelled by 10:00 am of the previous business day. If you are unable to give full notice because of serious illness or emergency, and we are able to schedule a makeup session within a week, you will not be charged.

**Teleconsultation:** In addition to in-person sessions, I provide teletherapy via password-protected Zoom. I will email you my Zoom link to click on to start your sessions.

**Contact:** You may use e-mail or texts to schedule appointments, and I may use them to communicate with you about routine issues such as appointments. You may call me if you have an urgent need to discuss a clinical issue between sessions. If communication outside of sessions exceeds 10 minutes, there will be a prorated charge based on the \$255 fee.

Thank you for your cooperation--I look forward to working with you!

*Please sign below to indicate that you assume full liability for treatment of clients:*

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Name & Signature of Consultee

Date