



Trauma Healing Collective  
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850-391-9346

### **Contract Agreement for Consultation**

The purpose of this agreement is to establish a clear understanding of the expectations of consultation. There are several different reasons a consultee seeks consultation. Which reason is of primary importance to you now?

\_\_\_ To gain knowledge regarding complex trauma and build confidence using trauma-informed practices regarding **ONE** specific case.

\_\_\_ To gain knowledge regarding complex trauma and build confidence using trauma-informed practices for your overall experience. I would like to complete a total of \_\_\_\_\_ consultation sessions.

Your reason for entering consultation directs the type of consultation activities. As you develop, you may choose to change the focus of consultation. As soon as you decide to make changes in your focus, please let me know and we will discuss the change in activities or requirements at that time.

The following clarifies expectations, the general structure of consultation, what consultees can expect of me and what is expected of you when seeking consultation.

#### **What the consultee can expect of consultant**

1. I will document and track our time spent in consultation. I will retain documentation of our consultation together for a five-year period from the date our work together concludes. We will discuss issues as they arise especially if you are having difficulty.
2. I will keep abreast of current trends and changes happening within the field of somatic and complex-trauma treatment. I will provide consultees with new information and

accommodate your needs as long as it stays within the scope of my knowledge. I will refer to other consultants if your needs are beyond my scope.

3. We will schedule our individual appointments as schedules permit. Suggested frequency is at least 1 hour per month if ongoing consultation is requested.
4. I will make efforts to provide a safe and supportive learning environment. Any concerns about this, when shared with me, will be addressed with you in private.

### **What is expected of the consultee**

1. You are expected to come prepared to present case material, complete with notes on that case.
2. Do not include any information that will identify PHI on the case you are presenting on materials you share with me.
3. You are expected to practice within the ethical guidelines of both your license and professional associations as well as the APA and AMTA's code of ethics.

### **Consultation vs Supervision**

Consultation is not supervision. Consultation focuses on mastery of skills and integrating trauma-informed techniques into your practice. You are responsible for the therapeutic relationship with your clients and competency in the modalities you offer. As a consultant, I do not hold liability for how you practice. Consultation does not substitute for foundational skills. Should concerns in this area become evident, I may require that these concerns be remedied prior to writing any recommendations or continuing the consultation relationship.

### **Consultee Information**

Full Name: \_\_\_\_\_

Degree: \_\_\_\_\_

License \_\_\_\_\_ type \_\_\_\_\_ and \_\_\_\_\_ number: \_\_\_\_\_

Preferred mailing address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of current work setting: \_\_\_\_\_

Address of work setting: \_\_\_\_\_

Number of clients you see a week: \_\_\_\_\_

What are your goals for consultation?

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**Fees:**

The fee for individual consultation is \$120 per hour. Up to two consultees may meet for individual consultation. If you are meeting with another consultee, the fee is \$60 per hour per person. The fee for group consultation (3 or more consultees) is \$40 per hour per person. Payment is expected at the time of service. Check, cash, or card is accepted.

I have read and understand and agree to the above conditions and expectations.

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Consultee Name (print)	Signature	Date
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Consultant Name (print)	Signature	Date
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