

Dr. Victoria Curea – Marriage and Family Therapy, Inc. MFC41124
11845 West Olympic Blvd. Suite 1255 West
Los Angeles, CA 90064
(310) 275-8050
DrVictoriaCurea@gmail.com

Consultation Agreement for Pre-Licensed Individuals

***This is a 2-page document.
Please read the items below. Please then **initial** your agreement at
the bottom of each section and sign your name on the reverse.***

CONSULTATION
<ul style="list-style-type: none">• I am currently under the supervision of a licensed psychotherapist or psychologist who is legally able to supervise my work.
<ul style="list-style-type: none">• I have informed my supervisor that I am seeking outside consultation.
<ul style="list-style-type: none">• My supervisor has agreed to me receiving outside consultation.
<ul style="list-style-type: none">• I understand my supervisor is legally responsible for my cases.
<ul style="list-style-type: none">• I understand the consultation I receive from you does not constitute legal responsibility for my cases.
<ul style="list-style-type: none">• I agree to inform you if my supervision or employment status changes.
By initialing here, I agree with and/or consent to the above terms: _____
CONFIDENTIALITY, FEE and CANCELLATION POLICY
<ul style="list-style-type: none">• I agree to refrain from sharing personal information which might identify my client to the average person.
<ul style="list-style-type: none">• I agree to maintain the confidentiality of all clinical material shared by other group members, or by Victoria Curea, Psy.D. LMFT during the course of my consultation.
<ul style="list-style-type: none">• Payment for consultation is due at time of service.
<ul style="list-style-type: none">• If I am participating in a group consultation, I will select one person from my group to manage the receipt of all group member payments. One payment from my group should be paid to Victoria Curea, Psy.D, LMFT at time of service.
<ul style="list-style-type: none">• If I am in individual consultation and I cancel within 24 hours, I will be charged the agreed upon fee.
<ul style="list-style-type: none">• If I am participating in a group consultation and I am unable to attend the meeting with my cohort, the fee for the consultation service <u>remains the same</u>. I will design a plan within my cohort regarding how to respond to cancellations within the group.
By initialing here, I agree with and/or consent to the above terms: _____

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ETHOS:

Victoria Curea, Psy.D, LMFT: My intention is to work collaboratively with you; to provide you with both concepts and techniques which may improve your clinical work. I agree to work within my scope of practice and to make referrals when appropriate. I agree to participate in a respectful dialogue with you, and to do my best to help you formulate your own clinical opinions.

As a pre-licensed clinician, you must still present your work to the supervisor responsible for your cases. Although the content of our consultation may address crisis material, your supervisor should be kept informed of any and all emergent client concerns.

If I am unable to make our consultation meeting due to emergency, illness, or vacation, one of two options will be implemented: The consultation meeting will be rescheduled to a later date or the consultation meeting will be cancelled. I agree to inform you of any scheduling conflicts or vacations at the earliest possible opportunity. In the event a fee has already been paid for the meeting, the group can request a refund or can request the fee be applied to the next consultation meeting.

If ever there is a time you have questions about my clinical approach, please bring those questions to my attention. If a way forward cannot be determined, we are both free to terminate our working relationship with no financial commitment except for fees already incurred.

If you, an associate, are participating in group consultation and our working relationship is terminated, the group is empowered to decide if they would like to continue working with me as a consultant, or if another professional relationship will be sought. There will be no penalty should the group choose to terminate with me, except for fees already incurred.

Any changes to this agreement must be in writing.

Associate's Printed Name

Associate's Signature

Date