



Kathryn de Bruin

FAMILY THERAPY + TRAINING Supervision/Consultation Contract

Initial Contact Information:

Name: _____ Email: _____

Home Phone: _____ Cell: _____

Address: _____ City: _____ State: _____ Zip: _____

The goal of our work together is to support you in learning/teaching the model of Emotionally Focused Therapy (EFT) and to help you grow and develop as an EFT Therapist/Supervisor.

As with any professional relationship, the alliance between us is extremely important. In order to develop the best collaborative and safe working relationship, it is necessary for us to agree on some guidelines for our work. Please review these guidelines and sign in the space provided if you agree to these guidelines. If you have any questions or concerns about this agreement, please wait to sign and we will discuss it as soon as possible.

If you are a licensed professional, I am considered a consultant and not legally responsible or liable for your clients. If you are not yet licensed then the relationship will be considered one of clinical supervision. Please check the appropriate category for you.

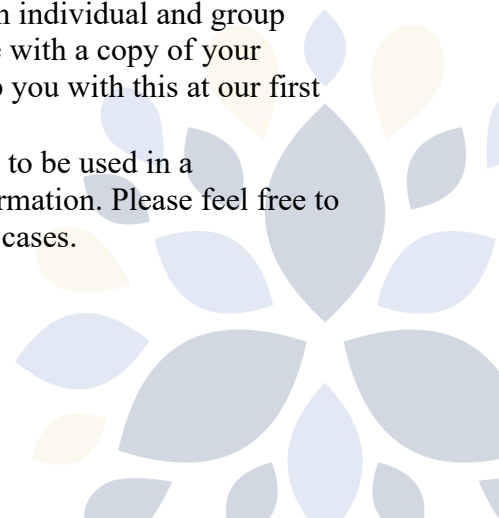
EFT consultation supervision supervision of supervision

Appointments

- Our appointments will be scheduled by mutual agreement.
- The location of our appointments will be at my office unless otherwise specified.
- The agreed upon fee for supervision is _____ (regular rate is \$150 per hour).
- Fees will be paid at each appointment.
- If you are participating in group supervision, fees will be paid as per agreement of the group/me
- A 24 hour notice of cancellation is required for both individual and group appointments. If a scheduled appointment is cancelled less than 24 hours in advance, you are responsible for the agreed upon appointment fee.

Confidentiality

- You agree to provide client releases, which include a release for use in individual and group appointments and the limits of telemedicine. You agree to provide me with a copy of your release form. In the event you need help creating this form, I will help you with this at our first appointment.
- Once your clients sign the release, all client information will continue to be used in a professional manner in order to respect their identity and clinical information. Please feel free to change first names and identifying information when presenting your cases.



- You are responsible for transporting, presenting and managing your case information in a professional and organized manner which includes collecting and destroying presentation forms distributed to the group. If you need help with this, we can address this in our first appointment.
- In the event a client is recognized personally by a group member or me, we will not continue the discussion about this particular client.

You as the Supervisee/Consultee agree to:

- Uphold the ethical and professional guidelines of your national organization as well as those outlined by ICEEFT.
- Handle all crises and legal reporting situations independent of our supervision/consultation relationship.
- It is understood that the self-of-the-therapist issues will inevitably arise in the course of this work. You understand that discussing these issues is a very important part of the supervision/consultation process. These discussions, which at times may feel similar to, are not to be misconstrued as personal therapy.
- Carry and maintain your own malpractice insurance.
- Be responsible for keeping track of all EFT supervision/consultation hours.

Interns/Trainees

If you are an intern or trainee, you will need to continue working with your primary clinical supervisor. Our relationship is considered secondary to your primary clinical supervisor. For example, if you get differing feedback from your clinical supervisor and me, you would defer to your clinical supervisor at all times.

I as the EFT Supervisor/Consultant commit to:

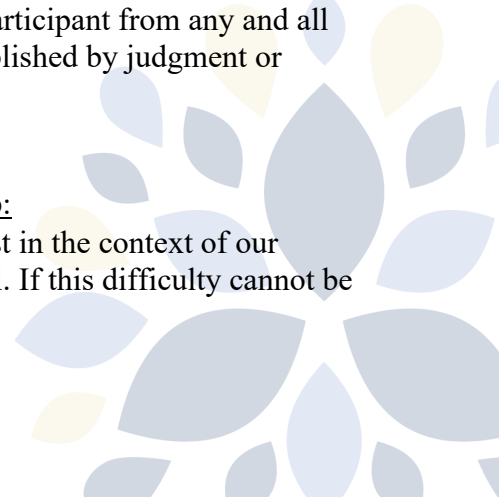
- Uphold the guidelines for supervision/consultation as outlined by ICEEFT.
- Continued learning and refinement of the EFT model and my EFT supervision/consultation skills.
- Strive to model the EFT principles of attunement, engagement, transparency and presence in our relationship.
- Communicate with you in a timely manner and respond to your questions and concerns in a professional manner.

Indemnification

The participant shall indemnify and hold harmless Kathryn de Bruin, from any and all claims, losses, liabilities, costs, and expenses, including attorney's fees, established by judgment or alternative dispute resolution award, to have arisen in whole or in part, out of any grossly negligent act or omission of the participant. Kathryn de Bruin shall indemnify and hold harmless the participant from any and all claims, losses, liabilities, costs, and expenses, including attorney's fees, established by judgment or alternative dispute resolution award, to have arisen in whole or in part, out of any grossly negligent act or omission of Kathryn de Bruin.

How we will handle difficulties in our relationship:

- If difficulties between us arise, those difficulties will be discussed first in the context of our appointment. EVERY effort will be made to resolve them at this level. If this difficulty cannot be



resolved in our appointment, we will discuss the best plan to address these difficulties and this will be documented in both our records.

- In the event we have a disagreement about your development in EFT, we will discuss this together and redefine our goals collaboratively.
- This relationship will continue for as long as both of us agree.

International Payment Policy

I offer supervision and consultation to developing countries at a reduced rate, and for that reason I make myself available outside of my regular office hours to provide this accessibility. For this reason, I need 24 hr cancellation notice if you cannot make your appointment, because of the inconvenience it causes me. If you are ill or some emergency presents itself, you can send me your video clip ahead of time, and I will watch your clip and write you a review during your supervision hour, so you don't miss the chance to get some feedback for the time you are paying for. You can also have a colleague take your place. Thank you for your understanding about this policy.

Credit Card Authorization Form

I authorize _____ to keep my signature on file and to charge my credit card account for recurring charges (on-going treatment) of

\$ _____ every session from _____ to _____.

I understand this form is valid for one year unless I cancel the authorization through written notice to the health care provider.

Cardholder's Name: _____

Cardholder's Address: _____

City _____ State _____ Zip _____

Credit Card Type (VISA, MC, Amex) _____

Account # _____ Exp Date _____ V-Code _____

Cardholder's Signature _____

SUPERVISEE/CONSULTEE Signature _____ Date _____

