

**SAMANTHA SLAUGHTER, PSYD**

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**LICENSE #PY60075756; NPI #1104058692**

**PROFESSIONAL CONSULTATION SERVICES AGREEMENT**

This constitutes an agreement between Samantha Slaughter, PsyD (consultant) and \_\_\_\_\_ (consultee) for the provision of consultation services by Dr. Slaughter 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 \$170.00. Fees will be raised \$5.00 in even-numbered years. Extra time spent in consultation will be charged at a prorated 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.
2. Liability. Consultee will maintain her or 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 or 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; 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 end all consultation services immediately.

Consultee is free to end consultation services at any time.

I understand and agree to the terms of this consultation agreement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Consultee

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Consultant