

## CONSULTATION CONTRACT

Tamara L Kaiser Ph.D. LICSW, LMFT  
Office: (612) 825-8053

Name of consultee \_\_\_\_\_  
Address \_\_\_\_\_  
Phone and other contact information \_\_\_\_\_  
Professional degree \_\_\_\_\_  
Licensing regulatory board \_\_\_\_\_  
Place of employment \_\_\_\_\_  
Name of on-site supervisor \_\_\_\_\_

Purpose of consultation:

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Consultee agrees to:

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Tamara Kaiser agrees to:

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### RESPONSIBILITY FOR WORK

Tamara Kaiser will offer suggestions and ideas. The consultee may choose to accept and implement, modify, or ignore these suggestions. The responsibility for clinical decisions regarding the consultee's clients rests solely with the consultee. Tamara Kaiser will report to the appropriate health-related licensing board conduct by the consultee that would constitute grounds for disciplinary action under the statutes and rules enforced by that board.

Consultee signature \_\_\_\_\_ Date \_\_\_\_\_

Consultant signature \_\_\_\_\_ Date \_\_\_\_\_

The format of this contract is adapted from Luepker, Ellen (2003), *Record Keeping in Psychotherapy and Counseling* Appendix K  
New York: Brunner Routledge and Thomas, Janet (2010), *The Ethics of Supervision and Consultation: Practical Guidance for Mental  
Health Practitioners* Washington D.C.: American Psychological Association