



Individual Consultation Agreement

Individual BSM consultation allows the clinician to set up consultation meetings with Dr. Posner that can be tailored to their specific practice and case management issues. Discussions might focus on a wide variety of topics including but not limited to assessment, intervention techniques, patient non-adherence, role plays, theory and solutions for building one's practice.

The fee for consultation with Dr. Posner is \$75 for 30 minutes of Zoom time and \$150 for anything between 30 and 60 minutes. Dr. Posner will reserve an hour for each appointment, and will charge for time used in 30 minute units. Email invoices are sent out quarterly documenting dates, times, and total fee for that quarter.

This agreement will be for consultation as distinct from supervision. Consultation differs from supervision, in that supervision implies that the ultimate responsibility for the patient lies with the supervisor. In consultation, the ultimate responsibility for the patient belongs to the clinician. Also in supervision, it is often assumed that a certain number of hours of training must be reached, before the supervisee can practice independently, whereas with consultation there is no set number of hours and it is up to your discretion if and when you use it. It is, however, assumed that as a licensed professional, you are responsible for reviewing your scope of practice, and not to practice activities that are defined in law as beyond the boundaries of your practice in accordance with and in compliance with your profession's standards. Your acceptance of this consultation agreement shall mean that you are already licensed to practice clinically in a relevant discipline and, therefore, shall maintain and assume all responsibility for your patients. Further, you agree to indemnify Dr. Posner and hold him blameless from any and all liabilities concerning your patients.

Your signature below will serve as your acknowledgement and acceptance of the terms and fees of consultation agreement.

Once you have signed this document, please send it along with your CV to: dposner@sleepwellconsultants.com

Thank you,

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I (the undersigned) hereby accept the terms set forth in this letter.

Name (printed)

Signature

Date

