



Group Consultation Agreement

Group BSM consultation allows the clinician to schedule sets of 4 meetings, 60 minute each, with Dr. Posner. The meetings can be set up weekly or monthly depending on the preference of group members. Group meetings can focus on assessment, intervention techniques, patient non-adherence, role plays, theory, practice management, and a variety of other related topics. The focus of each session will depend on what issues the group members bring to the meeting. Groups consist of 2 to 5 members. Groups can be formed in two ways:

1. Bring your own members to the group-Once you have enough members we can set a time for each meeting.
2. Join a group that I create as individuals request group sessions. If I receive requests from clinicians interested in group consulting, I will contact you to see if you are ready to start and agree to the time of the meeting. Please note that there may be a wait until enough individuals join who can meet at an agreed upon time.

Group consultation requires a commitment to a minimum of four meetings. The per member fee for group consultation is \$300 for a set of four 60 minute meetings of Zoom time, payable upon receipt of invoice. Dr. Posner will set the time for each meeting based on input from the group members. Once the meeting time is set, there will be no refunds for missed appointments.

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 this consultation agreement.

Once you have signed this document, please send it along with your CV to:

dposner@sleepwellconsultants.com

Name (printed)

Signature

Date

