

## Consultation Agreement EFT supervision

- All parties participating agree and have been made aware that this consultation will focus specifically on Emotionally Focused Therapy (EFT).
- The purpose of this consultation is to learn EFT and/or improve skills as an EFT therapist.
- Debi Scimeca-Diaz is only responsible for providing quality training/consultation on the use of the EFT model of Therapy. This training is a service to the therapist. The therapist is then solely responsible for the conduct of the therapy sessions and any outcomes of these sessions. Debi Scimeca-Diaz cannot, in any way, be held responsible for what occurs in therapy sessions or the outcome of those sessions.
- The therapist is responsible to inform Debi Scimeca-Diaz of his/her goals and is encouraged to evaluate self and provide feedback to her on an on-going basis.
- **Debi Scimeca-Diaz and the therapists will maintain confidentiality and will follow the Code of Ethics for one's professional discipline (especially with regard to consent for taping sessions).**
- The fee for a 50-minute consultation hour is \$175. If two people are present for the meeting the fee is \$180. Long distance supervision uses ZOOM. Payment can be made via Venmo, apple pay or a check can be mailed to 22 Douglas Ave. Hamilton, NJ 08619. Please note: PayPal is not accepted as a form of payment. ZOOM instructions will be provided to therapist. ZOOM is very easy to use and consultant will walk you through the process at the time of the meeting.
- If you cancel or cannot attend your scheduled consultation hour you agree to provide a minimum of 48-hour notice. If you provide less than 48-hour notice you agree to pay the fee for the scheduled consultation hour. If you are scheduled for supervision on a Monday you will need to cancel by 9am on Friday to avoid being charged for the session.
- Effective consultation and learning requires openness by all parties.

By signing this you are agreeing to the above-mentioned guidelines. If you need any clarification or have any questions, do not hesitate to ask your consultant.

\_\_\_\_\_  
Therapist (Print and sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Deborah Scimeca-Diaz  
Consultant

\_\_\_\_\_  
Date

**Goals for supervision:** (please take a minute and think of specific goals you have for yourself as it pertains to learning and practicing EFT)

1.

2.

3.