



## **Consultation Agreement**

This Consultation Agreement is a review of the purposes of consultation, the terms of our work together during consultation, administration of consultation, and confidentiality around consultation. Please read through the entire Agreement and sign at the bottom.

### **1. Purpose of Consultation:**

A. The purpose of this Agreement is to outline the terms and conditions of the consulting services to be provided by Sigma Centrum Counseling, LLC to you, the consultation client.

B. We will provide consulting services tailored to the unique needs and objectives of you. These services may include, but are not limited to:

- Strategic planning and development.
- Clinical case conceptualization and treatment planning
- Administrative consulting and best practices around administration of healthcare services..
- Ethical consultations, laws and rules, root cause analysis.
- Leadership and team development

### **2. Agreement Terms:**

A. The term of this Agreement shall commence on the date of our first consultation and persist for a calendar year, allowing further consultations without requiring a resigning of the Agreement.

B. You may cancel this Agreement at any time. We may also amend components of the Agreement at any time, requiring a review and new signature by you if so done.

### **3. Fees and Payment:**

A. The Consulting client agrees to a fee of \$100 per consultation hour, barring any discounts or adjustments made by Sigma Centrum Counseling, LLC.

B. The fee shall be paid in one installment, with the first due date on date of consultation completion and final due date being 7 calendar days after date of consultation.

### **4. Scope of Services:**



A. During our time together in consultation, I provide the following to you to the best of my ability:

1. A detailed assessment of the Client's current situation, including strengths, weaknesses, opportunities, and threats.
2. Development of consulting or supervision plans that addresses your specific needs and objectives, if desired.
3. Implementation of the consulting plan, including regular progress reports and consulting follow-ups.
4. Evaluation of the results of the consulting services and recommendations for future improvements.

B. I provide my consulting services as openly as I am able, in conjunction with my clinical and advocacy practices, and in accordance with the highest standards of industry practice.

#### **5. Confidentiality:**

A. I agree to maintain the confidentiality of all information obtained during the course of providing consulting services to you. If you wish for a Business Associate Agreement, should ongoing consultation services for specific patients or private matters be desired, you may request one.

B. You agree not to disclose any confidential information to any third party without the prior consent of myself or someone from my team. These services are meant for you and your circumstances alone..

#### **6. Termination:**

A. Either party may terminate this Agreement for any reason, with or without cause, with written notice to the other party.

B. In the event of termination, I agree to deliver to you all materials and information related to the consulting services provided under this Agreement, if so desired.

#### **7. Governing Law:**

A. This Agreement is governed by Florida law, subject to the laws and rules pertinent to business dealings here, in addition to the Chapter 491 board statutes and administrative codes.

#### **8. Entire Agreement:**



A. This Agreement constitutes the entire agreement between the parties and supersedes all prior or contemporaneous communications, representations, or agreements, whether oral or written.

**9. Severability:**

A. If any provision of this Contract is held to be invalid or unenforceable, such provision shall be struck from this Contract and the remaining provisions shall remain in full force and effect.

**In witness whereof, the parties have executed this Agreement as of the date first written above.**

\_\_\_\_\_  
Consulting Clinician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Consultant Clinician Signature

\_\_\_\_\_  
Date