



**Peak Solutions, LLC**  
*CE Workshops, Clinical Supervision, Consulting, & Counseling*  
**Jeff Hughes, EdS, LPC, CPCS**  
Marietta, GA  
678-626-7210 (Cell)    [peak.solutions.expert@gmail.com](mailto:peak.solutions.expert@gmail.com)

Dear Colleague,

This paperwork represents an introduction to the consultation relationship we will develop together. I will work with you to fulfill the specific goals you identify or if this is for a brief consultation, we will work to address your specified concerns to give you a plan of action. In the following pages, you will find the consultation agreement, a profile sheet and a goals form. If you have any questions along the way, please let me know.

Once you read and sign the agreement, please send the **signature page** to me via email at:  
[peak.solutions.expert@gmail.com](mailto:peak.solutions.expert@gmail.com)

You may also want to complete the goals sheet if that is needed based on your consultation needs. Thank you for choosing me to be your Consultant. I will share my professional expertise and look forward to assisting with your professional needs.

If we are meeting at a distance, you also have the option to pay your fee via Venmo or Cash App. I can send a payment request invoice via e-mail at the conclusion of our meeting.

This packet is designed to lay the groundwork for our working relationship.

- Please review and sign the **CONSULTATION AGREEMENT** (the specifics governing our work together) and **e-mail the SIGNATURE PAGE** back to me. This document contains important information about my professional services and business policies. Please read it carefully and raise any questions you have before you sign it.
- **By returning this information to me prior to our first meeting, we can maximize our time and focus on strategies to put in place prior to our first meeting.** Please complete and return everything in this packet including:
  1. The Consultation Agreement Signature Page
  2. If you would like to pay via Venmo or Cash App, let me know.
  3. The Client Profile
  4. The Goals Worksheet

Please don't hesitate to e-mail me or call me if you have any questions regarding this information. I will also be happy to discuss it further in our introductory meeting. I can be reached easily via e-mail [peak.solutions.expert@gmail.com](mailto:peak.solutions.expert@gmail.com) or via mobile phone (678) 626-7210.

Sincerely,

Jeff Hughes, EdS, LPC, CPCS  
*Licensed Professional Counselor #005917*  
*Certified Professional Counselor Supervisor #391*



Peak Solutions, LLC, Marietta, GA 30062  
(Mobile) 678-626-7210, (Emergency) 678-910-4788  
[peak.solutions.expert@gmail.com](mailto:peak.solutions.expert@gmail.com)

## Clinical Consultation Agreement

### **Purpose**

The purpose of this agreement is to outline the parameters of the clinical consultation services provided by Peak Solutions, LLC regarding consultation, supervision, program development, practice development and overall professional development. This service is offered to Licensed Mental Health professionals who are seeking consultation to enhance and support the quality of their clinical services and to facilitate professional growth. I also offer consultation to those seeking licensure or needing assistance planning their path toward licensure. This would not be considered clinical supervision but may be assistance in finding a supervisor or discussing difficulties with a supervisor.

### **Professional Disclosure- About Jeff Hughes, EdS, LPC, CPCS**

I earned a Master of Education in Community Counseling from the University of West Georgia. I also earned a Specialist in Education in Community Counseling with an emphasis in Clinical Supervision from the University of West Georgia. I pursued doctoral studies in Counselor Education with specialties in Multicultural Counseling, Counselor Education, and Clinical Supervision at Ohio University. I reached ABD status but did not completed my degree.

My credentials are as follows:

- I am licensed by the Georgia Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists to practice in the state of Georgia (LPC005917).
- I am a Certified Professional Counselor Supervisor (CPCS) (LPCA of GA) (#391).
- I am a former Board Member of the Licensed Professional Counselor Association of Georgia (CPCS Chair and Conference and Ethics Committee Member).
- I currently sit on the LPCA-GA CPCS Committee, as of Oct. 2018.

For the past twenty-two years, I have worked in a variety of settings including:

- College Counseling Centers
- Private Practice
- Community Non-Profit Counseling Center
- In-Patient Treatment Programs for Adolescents With Addiction Issues
- Counselor Education

My clinical experience has focused on:

- Depression and suicidality
- PTSD and the impact on Veterans
- Anxiety (stress reduction)
- Adjustment to college (separation, identity formation, career development)
- Relationship matters (personal and professional)
- Personal growth issues (interpersonal challenges, family of origin, religious struggles, goal attainment, work/life balance)
- Crisis response
- Substance abuse-prevention and remission
- Clinical consultation and supervision
- Couples counseling
- Corporate consulting (team building, strategic planning, MBTI)
- Professional development workshops for professionals, community, and students

I have completed extensive professional development in clinical supervision, suicidality, working with veterans, and crisis response. I have provided practicum/internship supervision as a site supervisor, participated in “supervision of supervision” groups and peer consultation groups. My clinical orientation is cognitive-behavioral and solution-focused. My supervision orientation is primarily from a developmental model with some solution-focused, interpersonal process recall, and psychodynamic.

### **Structure & Fees**

The fee for individual consultation is **\$125.00 per hour, \$75.00 per half-hour**. Payment is due at the time of our appointment unless we make other arrangements. I accept cash, checks or credit cards. Payments done online may be processed through Venmo or Cash App.

For ongoing consultation, a one hour introductory meeting is required to determine “fit.” In other cases, consultation is performed on a case by case basis or “as needed.”

I will record consultation hours along with notes related to our meetings to assist with tracking our content and following up on outcomes.

If for any reason, I am unable to attend a consultation meeting I will make every provision to provide you with an alternate time for individual consultation at your convenience within a week of the missed meeting. If you cancel a meeting without 24-hour notice or do not show up for a scheduled meeting, the full fee for the missed meeting will be charged. Once we have established a consultation relationship, there will be no fee for brief telephone or e-mail consultations of 5 minutes or less. However, consultation beyond that length will be billed in fifteen-minute increments at a rate of \$40.00 per ¼ hour.

### **Consultation Process**

Consultation is an interactive process between us intended to facilitate professional growth, feedback and support for licensed professionals and those seeking licensure. You can expect to receive timely information and support for your areas of interest and concern. I will encourage you to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on your supervisory and therapeutic interventions.

When you bring a new case, clinical or supervisory, to consultation please be prepared to provide information about the case for clinical presentation. Information that I find helpful includes the presenting issue, demographic information (name, age, sex, racial/cultural identity, & contact information for my records), brief history of problem, and a general description of treatment goals.

**Supervisory case consultation** will require the following information:

Your notes or verbal recall regarding the case reviewed with the supervisee; the administrative feedback provided to the supervisee; any particular considerations regarding the client being served by the supervisee; the supervisory intervention, guidance or feedback provided; any ethical concerns and the desired outcome.

Program, practice or other professional development consultation:

This area of consultation will require you to provide a clear description of your needs and desired outcomes and/or a willingness to participate in the process of clarifying the necessary processes, actions, motivation etc. For this purpose, please complete the goals sheet provided. This form is used for consultation and coaching (as they interrelate).

In the event of emergency or consultation or between meeting consultation you **may call me on my business phone (678) 626-7210 or my cell phone (678) 910-4788.**

## **Legal and Ethical Issues**

Consultation is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise, I will urge you to seek counseling. The content of consultation meetings are confidential. Limits to confidentiality include, but are not limited to treatment of a client that violates the legal or ethical standards as set forth by professional associations and government agencies. You are required to report child abuse/elder abuse, suicidal threats and homicidal ideation to the proper authorities as well as to me immediately. As an Independent Consultant, I am not responsible for your job performance or that of your supervisees or for the clinical treatment of your clients.

With the assistance of your Employer/Director you are to become familiar with and comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). You are also required to become familiar with the ethical guidelines of the Georgia Composite Board and relevant Professional Associations such as the American Mental Health Association (AMHCA), American Counseling Association (ACA) Certified Professional Counselor Supervisor (CPCS) or the National Board of Certified Counselors (NBCC). In school settings, you need to become familiar with the Family Education and Rights to Privacy Act (FERPA).

## **Board Rules & Georgia Law**

It is your responsibility to know and understand the board rules and Georgia licensing laws. I am willing to discuss the Georgia Composite Board Rules and the Georgia laws with you and give you my understanding, but the ultimate responsibility of knowing and complying with these standards rests with you.

**Getting Started** (*if you have not done so already, please confirm our initial meeting date and time*)

- Please complete the signature page below. Bring it to our initial meeting or send it via e-mail to [peak.solutions.expert@gmail.com](mailto:peak.solutions.expert@gmail.com)
- If you would like assistance with specific professional or practice development goals, please complete the “goals” form. This form can be faxed, e-mailed, or delivered in person at the time of our initial meeting.

**Statement of Agreement**

I have read and understand the information contained in this document. Your signature acknowledges agreement to terms of consultation relationship with Jeff Hughes, EdS, LPC, CPCS, Owner-Operator of Peak Solutions, LLC. This agreement can be terminated at any time by either the Consultant or by the Consultee.

*Please initial next to the bullet points below acknowledging your understanding of the agreement:*

\_\_\_\_\_ I am responsible for paying \$125.00 per one-hour or \$75.00 per half-hour meeting.

\_\_\_\_\_ I am responsible for paying full fee for late cancellations (less than 24 hours notice) or “no shows”

\_\_\_\_\_ I understand that it is my responsibility to review the GA Composite Board Rules and to familiarize yourself with Georgia Laws on as regular or as needed basis.

\_\_\_\_\_ I know that it is my responsibility to understand the HIPAA, FERPA etc. regulations at my work site.

\_\_\_\_\_ I understand that I must inform my clients and supervisees that I am consulting regarding my clinical work.

\_\_\_\_\_ I understand that if I elect to record a session or meeting for consultation that I must provide my client with informed consent and authorization to record.

\_\_\_\_\_  
**Consultee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Consultee Name (Printed)**

\_\_\_\_\_  
**Consultant Signature**

\_\_\_\_\_  
**Date**

**Peak Solutions, LLC**

**Consultation Client Profile**

**Today's Date:**

**Name & Position Title:**

**Work  
/Business Name &  
Mailing Address:**

**Work/Business Phone:**

**Work/Business E-mail:**

**Fax # (if available):**

**Web Site(s) Work or  
Business or Other:**

**Year that you obtained  
your license**

**Certifications:**

**Areas of interest:**

## GOALS WORKSHEET

Goals can include but are not limited to the following:

- Supervision of supervision (**development and support of supervisory skills**);
- Program development (**including youth service programs, workshop development, and mental health program organization and planning/management**; and
- Professional development (**niche development, career fulfillment/planning, work/life balance, effective networking, etc.**)

What are the three to five goals you want to set for yourself for the next 90 days?

<b>Goal #1</b>	
<b>Goal #2</b>	
<b>Goal #3</b>	
<b>Goal #4</b>	
<b>Goal #5</b>	

What are your top 3-5 goals for the **NEXT YEAR?**

<b>Goal #1</b>	
<b>Goal #2</b>	
<b>Goal #3</b>	
<b>Goal #4</b>	
<b>Goal #5</b>	

What are your goals to reach in the **next 5-10 years?** (Dream big!!!)

<b>Goal #1</b>	
<b>Goal #2</b>	
<b>Goal #3</b>	
<b>Goal #4</b>	
<b>Goal #5</b>	