

SAN DIEGO TRAUMA RECOVERY NETWORK (SD TRN)

AGENCY AGREEMENT

The SD EMDR TRN Volunteer (“TRN Therapist”) is currently employed or volunteering with (agency name) _____ (“Agency”) and has become a volunteer with the San Diego EMDR Trauma Recovery Network.

The TRN Therapist wishes to provide pro bono services during a San Diego trauma event through its Agency under the following provisions:

1. TRN Therapist will notify the Agency when the SD TRN is activated to provide services.
2. The TRN Therapist will commit to at least 2 pro bono community clients.
3. The Agency and TRN Therapist will not charge the client any fees.
4. Agency will require the TRN Therapist to maintain malpractice insurance at all times (whether paid by Agency or by TRN Therapist).
5. Agency will allow the TRN therapist to provide pro bono EMDR therapy onsite at agency location.
6. If the TRN Therapist is an intern, the Agency will provide supervision to the TRN Therapist.
7. The TRN Therapist will comply with both the rules of the Agency and the SD TRN.

The Agency authorizes the following address and phone of the TRN Therapist to be listed on the SD TRN website under the Find a Therapist page:

Address: _____

City/State/Zip: _____

San Diego Region (Pacific Beach, Del Mar, etc). _____

Phone: _____ Website: _____

Acknowledgment: By signing below, I, the Clinical Director for the Agency, acknowledge that I have reviewed and fully understand the terms and conditions of this Agreement. I have discussed the terms and conditions with the TRN Therapist. I also agree to hold the SD TRN free and harmless from any claims, demands or suits for damages from any injury or complications whatsoever that may result from such treatment outlined in this Agency Agreement.

“AGENCY”

Clinical Director Name (print)

Clinical Director Signature

Date

Acknowledged and Agreed by TRN Therapist:

Agency Therapist Name (print)

Agency Therapist Signature

Date