INFORMED CONSENT FOR CONSULTATION

You have requested that I consult with you about your child. This form explains my office policies and clarifies certain legal matters.

You are either the custodial parents(s) of your child, or you and your ex-spouse share joint custody. You have the right to consent for your child to have this consultation.

The purpose of consultation is to permit issues which are causing distress to be understood thoroughly enough to recommend a course of action. Recommendations may include, but are not limited to, changes in school placement, psychological testing, inpatient hospitalization, individual or family psychotherapy, parenting support, or medication evaluation. Consultation may require more than one meeting to permit me to understand issues comprehensively enough to permit me to recommend a course of action.

My performing this consultation does not guarantee that I will treat you or your child, if treatment is indicated. At the conclusion , we will discuss the findings and I will recommend to you the best course of action to address the problem at hand, including recommending specific professionals who are best suited to meet the needs of you and your child.

Consultation sessions last approximately 50 minutes. My fee for consultation is $360 per session, and is due at the time of the meeting. I require 24 hours notice for cancellation of an appointment, or I will charge for my time.

If circumstances arise in which information about your child is requested by another party, or if I feel information from another source, such as your child's school or doctor, would be important to have, I will ask you to sign a form authorizing such a transfer of information. This release can be revoked at any time by written notice. The only time I do not require your authorization to share information is when I learn that any child, dependent adult, or elder has been harmed or will be harmed, or I learn of an individual's intent to take his or her own life, in which case the law requires or permits me to report these actions to protect such individuals.

If you have health insurance, you are responsible for paying my fee directly. At your request, I will provide you with statements for your insurance company to allow you to be reimbursed by them. I make no guarantees, however, about your ability to collect. Some carriers will require information about your child and the issue(s) which led you to seek consultation before they will reimburse for my services. Refusing to provide information may jeopardize your reimbursement. If this is the case with your carrier, you and I will talk about information they are requesting and will make decisions regarding that which will be released. I will release no information without your consent.

Finally, while you are consulting with me for psychological issues, I recommend your child have a physical examination to rule out any possible physical causes for emotional distress.

CONSENT AGREEMENT: I have read, understood, and agreed to each of the previous statements. I have asked questions about any parts that caused me concern or I did not understand fully. By signing below I indicate that I understand and agree to the terms of this agreement.

_____ _____

Signature Date

_____

Name (please print)

_____ _____

Address Telephone