

Consultation Consent Form

The purpose of this form is to ensure a common understanding about the consultation process.

Professional Disclosure

I earned a Masters degree in counseling psychology from Antioch University Seattle and am a licensed mental health counselor and licensed marriage and family therapist in the state of Washington. I am a member of the Association for Humanistic Psychology, the Jungian Psychotherapist Association, Northwest Alliance for Psychoanalytic Study and the Washington Mental Health Counselors Association. I have worked in agency and private practice since 1980 and I teach in Antioch University Seattle's Masters in Psychology program. My theoretical orientation for counseling and consultation combines Jungian and other depth psychodynamic and developmental theories and an interest in transpersonal dynamics. I am also increasingly interested in our work in relationship to cultural evolution, social justice and the development of public psychological citizenship.

Practical Issues

It is important to note that we are agreeing to consultation, which is distinct from supervision. As your consultant, I have no authority or liability regarding your work with clients. Our consultation work together does not apply to any requirements for supervision.

Fees will be determined prior to the initial session. Fees may vary based on my perception of current going rates and any agreement that I may come to with you. If you miss a scheduled session with less than 24 hours notice, you will be charged for that session. If you have a scheduled appointment or regular time slot and cancel with at least 24 hours notice you will be charged half the fee. There are two exceptions, as follows: 1) We are able to reschedule your appointment within the normal interval before your next appointment, or 2) I am able to schedule someone else during your cancelled appointment. In these two cases you will not be charged for the cancellation.

If you need to speak to me between sessions or in case of a client emergency, you may call me at my office. I will get back to you as soon as possible. If I am out of town we will arrange for you to have contact information of a licensed clinician who will be available to you in my absence. Calls and emails that require more than ten minutes of my time will be billed at my hourly fee.

Consultation Process

My goal is for your consultation to be a rewarding and caring experience. It is an interactive process that improves the quality of client care, increases your clinical skills and nurtures your professional growth. You can expect to receive timely feedback about

your interventions and to have a supportive environment in which to explore client-related concerns. I invite you to ask questions, explore alternatives, address ethical concerns and receive feedback and suggestions on your therapeutic interventions.

Consultation is not intended to provide you with personal counseling or therapy. If personal issues or concerns arise that may interfere with your professional life, I will encourage you to seek counseling. The content of our sessions are confidential with certain exceptions. Limits to confidentiality include but are not limited to, treatment of a client that violates the legal or ethical standards set forth by professional associations and government agencies.

Fee per fifty minute session _____ (date) _____.

I, _____, have read and understand the above
Print consultee name
policy & disclosure statement.

_____ *consultee signature* _____ *today's date*

_____ *Consultant signature* _____ *today's date*

Name _____

Work # _____ Cell# _____ Home # _____

Address _____ City _____ ZIP _____

Emergency Name _____ PHONE: _____

REFERRED BY: _____ PHONE: _____