



Informed Consent for Consultation

By signing this form, I _____ the undersigned, understand that I am participating in a consultation with a therapist from Personal Solutions Counseling (PSC), and, I understand and agree to the purpose and limits of a consultation as described below:

Consultations that last up to thirty (30) minutes and are free, and, I will pay \$55.00 for consultations that last between thirty (30) and sixty (60) minutes;

The purpose of a consultation is to have a chance to meet the therapist before starting therapy so that I can see if I am comfortable with them and to have any questions about therapy answered. It also gives the therapist an opportunity to see if they are comfortable with me and if they are able to offer me services to help resolve my problems, issues, or symptoms;

A consultation does not obligate me to enter into therapy and if I start therapy; a “consultation” is not a mental health assessment or a therapy session;

It is completely confidential. But, if you report information to the therapist that would lead the therapist to suspect that someone is a victim of child abuse, elder abuse, or is in imminent danger of harm to themselves or others, then the therapist is obligated to take action, such as calling a hotline or the police to intervene.

In some cases, the therapist may provide you with a referral to another type of service or with limited advice, but you are not considered a client of the therapist or of Personal Solutions Counseling (PSC) until you have agreed to the Informed Consent for Psychotherapy Services, Privacy Policy and have started your initial appointment.

If you are interested in working with the therapist, feel free to make an appointment with them after the consultation.

Your Name

Date of Birth

Address, City, State, Zip Code

Phone Number

Your Signature

Today's Date