

CONSULTING FOR TREATMENT INFORMED CONSENT

Welcome to our office! Your first visit with us is a “consultation to treat,” or what we refer to as a “consulting relationship.” In a consulting relationship, we assess your psychiatric symptoms and determine what type and level of care would be most appropriate, and also if we can provide this care. We also assess whether we have a good therapeutic rapport. This consultation period may last more than one encounter. At the conclusion of the consulting period we will decide whether we should enter into a therapeutic, treatment relationship.

By signing this informed consent, I understand that we are entering into a consulting relationship for the purpose as described above. I further understand that the consulting relationship is not a treatment relationship. A consulting relationship is of limited duration and purpose. The consulting relationship may be terminated at any time by either of us.

I have been given the opportunity to review this informed consent in full and given the opportunity to ask questions.

Printed Patient Name

Printed Provider Name

Patient Signature (prior to visit)

Provider Signature (at visit)

Date

Date