

Jennifer Farmer, LPC
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INFORMED CONSENT FOR CLINICAL CONSULTATION

Consultant defined: Brings expertise in a particular area in which a consultee needs or wants to improve. Consultants work with the consultee, student, organization, healer, business person in partnership to ensure outcomes that support goals and a strategic plan of the individual. I wish to receive consultation services from:

I understand that these consultations do not constitute clinical supervision and that I remain responsible, ethically and legally, for the decisions I make in my own clinical practice with my clients. My consultant will provide me with an opportunity to discuss clinical cases and issues about which s/he/they may have some expertise, and s/he/they may help me consider choices for responding, but the comments made for my consideration are not supervision mandates. The information provided is informed by the consultant's training and experience but does not in any way constitute legal advice or take the place of legal counsel and/or accounting advice. I understand in the case of group consultation it is a confidential environment and there will be no recording of any kind (unless all group participants agree and sign releases). All information is held strictly confidential.

I also understand that although we may sometimes need to discuss personal issues that may be relevant to my clinical work, these consultation services do not constitute psychotherapy.

I understand the potential limits of the confidentiality of this relationship. To the extent possible, my case presentations will provide no identifiable client information. However, I understand that if I provide identifiable information about a situation and my consultant has an ethical or legal obligation to report, s/he/they will inform me at the time and will give me the opportunity to make the report myself.

I understand that if my consultant becomes aware that s/he/they knows or has a prior relationship with a presented client(s), or if s/he/they believes s/he/they has a potential conflict of interest with our relationship, s/he/they will notify me of that fact immediately and will cooperate in helping me find a referral for further consultation.

I agree to group fee of \$_____ a person (per group). (*PLEASE BE AWARE GROUPS HOURS NO LONGER COUNT TOWARD BSPS CERTIFICATION*) and/or \$_____ (per hour) for individual sessions, which may apply toward BSP certification and is payable at each meeting. The fee for each session will be due prior to or right at the conclusion of our meeting. Once you have agreed to attend you will be responsible for the group fee. Cash, personal check, Cards or PayPal are accepted. Note: Bank fees will be collected on any returned check.

Technology Statement

In our ever-changing technological society, there are several ways we could potentially communicate and/or follow each other electronically. It is of utmost importance to me that I maintain your confidentiality, respect your boundaries, and ascertain that your relationship with me remains professional.

Privacy Breaches. Technology-assisted counseling and consulting utilizes a large number of outside resources and companies (internet and software providers, public utilities, etc). All these entities are prone to their own security risks.

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By signing this agreement, you agree to evaluate and establish your own technological safeguards (strong passwords, secure networks, virus protection) and indemnify any therapist, employee, owner, or other associates of _____ from any blame or liability associated with the hardware, software and third-party technology providers you select. You also agree to all of the above statements regarding confidentiality and how you participate in consultation.

NAME: _____ DATE: _____
CONSULTEE

NAME: _____ DATE: _____
CONSULTANT