

CLINICAL CONSULTATION

INFORMED CONSENT FOR CLINICAL CONSULTATION (CONSULTANT-CONSULTEE CONTRACT)

DISCLAIMER: All samples & sample texts are intended as a guideline only. For use in your own setting, forms must be personalized to reflect your state's relevant laws and your own actual policies. Sample forms are designed for training purposes. Modify sample forms or sample text according your state's requirements and to the client, setting, and context of the work you do. Sample Forms and Sample Text ideas are provided "as is," without warranty of any kind; they are not intended to be a substitute for legal, ethical, or clinical advice or consultation.

CAVEAT: States vary in laws, statutes, and State Boards' ethical codes—readers should know their state's health & safety codes, laws/statutes relevant to: minors' rights, protective services, mandatory reporting, and licensing board's ethical guidelines. You must modify the forms so they comply with your state laws, professional organizations' codes of ethics and your State Licensing

SAMPLE CLINICAL CONSULTATION

Letterhead

Contract for Clinical Consultation

I wish to receive consultation services from _____ [list colleague's name and credentials]. I understand that these consultations do not constitute clinical supervision and that I remain completely responsible, ethically and legally, for the decisions I make in my own clinical case situations. My consultant will provide me with an opportunity to discuss clinical cases and issues about which my consultant may have some expertise, and he/she may help me consider options for responding, but the comments made for my consideration are not supervisory mandates. 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 patient information. However, I understand that if I provide identifiable information about a situation regarding which my consultant has an ethical or legal obligation to report confidential information, my consultant 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 knows or has a prior relationship with the presented client(s), or if she believes she has a potential conflict of interest in her relationship with me, she will notify me of that fact immediately and will cooperate in helping me find a different consultant. I agree to the fee of \$_____ per one-hour consultation session, payable at each meeting.

_____ (Name of Consultee — please print)

_____ (Signature)

_____ (Date)

