**Informed Consent for Consultation**

Preservation of Hometown Hero’s and Families

POHHF

Joan L Cook, Psy.D., HSPP

Contract for Consultation

I wish to receive consultation services from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I understand that Dr. Cook is a trained Psychologist licensed in the state of Indiana and potentially not in my state. I also understand that since other states often have different laws she will only be able to function in our sessions within a Consultation role and not in a therapeutic role.

What this means is the approach and content of the sessions will be limited. They will be primarily educational in nature and focused on problem solving solutions and skill building growth areas. She will not provide therapy for a clinical diagnosis in her meetings nor will she be seeking to assess or evaluate for these clinical issues.

It is important to note however that although clinical assessment and evaluation will not be an objective of a meetings, if a clinical issue should be suspected or becomes apparent, Dr. Cook will indicate that to the Consultee verbally and recommend that they schedule and engage in a clinical evaluation prior to continuing any further consultation level meetings with Dr. Cook.

It is also important to note that Consultations will not be documented and therefore there will be no record of the meetings. If this is not desirable consultation may not be the level of care you need.

However, again, since Dr. Cook is a Licensed Psychologist, albeit not practicing in our meetings as such she must still operate in and abide by the ethical standards of her license according to Indiana law.

Thus, what this means is this: All consultations will remain confidential unless a consultee reports any form of abuse to a child, another person, or intent or consideration to harm themselves.

If this becomes apparent Dr. Cook will be required to breach confidentially and to report this information to a trained professional who may be able to investigate the issues further and or keep this individual safe. In these cases, consultation will be discontinued until the consultee engages in a full therapeutic evaluation and attends appropriate level of care with a professional licensed within their state.

I agree to the fee of $\_\_\_\_\_\_\_\_\_ per one-hour consultation session, payable at time of scheduling for each meeting and that the payment is non-refundable. A one-time credit may be established in emergency related situations. However, every effort must be made to provide 24-hour notice of need to cancel in said emergency.

This is established in order to keep sessions available for all parties desiring to schedule.

Finally, please note that often consultations create initial feelings of unrest and angst as you attempt to make changes in mindsets, behaviors and skilled habit changes. This is normal and may continue until resolutions habits are fully formed and adjusted to. However, if there is a major shift in level of discomfort at any time Consultation likely is not the level of care for you at this time. Please, inform Dr. Cook of this as soon as you are aware and seek treatment from a therapist licensed and trained in your state immediately. In an emergency call 911 or go to your nearest emergency room for further evaluation.

By signing the below, you are indicating understanding and willingness to agree to the above consultation parameters.

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(Name of Consultee — please print)

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(Signature)

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(Date)