



## ***Consent to Receive Consulting Service***

This agreement is made between H & R Consulting, PLLC - Heather Tustison and Robert McIntyre, Consultants, and Client(s) identified with printed name and signature below.

Client(s) agrees to the following by initialing next to each statement:

- \_\_\_\_\_ I understand that Consulting is NOT Counseling. I further understand while Heather Tustison and Robert McIntyre are Licensed Clinical Professional Counselors in the state of Idaho, they are not utilizing their licenses as Consultants.
- \_\_\_\_\_ I understand that I am seeking Consulting Services of my own free will and I am under no obligation to maintain contact with H & R Consulting, PLLC past a set appointment.
- \_\_\_\_\_ I understand that Consulting is a confidential service and there will be no documentation of items discussed during our course of work. I further understand that confidentiality is limited in the event I choose a public location to meet.
- \_\_\_\_\_ I understand that Consulting is a cash paid service and billing of insurances is NOT possible.
- \_\_\_\_\_ I understand that payment is due upon setting appointment. The rate for a 60-minute appointment is \$250.00 per Consultant. Paying up front ensures a spot on the schedule. If I miss or cancel an appointment, I run the risk of forfeiting my paid fees to compensate Consultants for lost time and business.
- \_\_\_\_\_ I understand that I have free will and nobody can ultimately tell me what to do with my life. My choices are mine and mine alone. I assume whatever consequences result from any of my life choices.

Date: \_\_\_\_\_

\_\_\_\_\_  
Client Name

Signature: \_\_\_\_\_

\_\_\_\_\_  
Client Name

Signature: \_\_\_\_\_

\_\_\_\_\_  
Consultant, H & R Consulting

Signature: \_\_\_\_\_

\_\_\_\_\_  
Consultant, H & R Consulting

Signature: \_\_\_\_\_