

Melanie K. Young, Psy.D.
Licensed Psychologist
2501 Walnut Street, Suite 208
Boulder, Colorado 80302
(303) 444-5330

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 in partnership to ensure outcomes that support goals and a strategic plan of the individual.

I wish to receive consultation services from: **Melanie K. Young, Psy.D.**

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 practice with my clients. My consultant will provide me with an opportunity to discuss clinical cases and issues about which s/he may have some expertise, and s/he 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 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 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 she knows or has a prior relationship with a presented client(s), or if she believes she has a potential conflict of interest with our relationship, she will notify me of that fact immediately and will cooperate in helping me find a referral for further consultation.

I agree to a group fee of 50.00 a person /per group (PLEASE BE AWARE GROUPS’ HOURS NO LONGER COUNT TOWARD BSPS CERTIFICATION) and/or 180.00 (per hour) for individual sessions, which may apply toward BSP certification and 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. Please give me 24 hours notice if you need to cancel or you may be charged the fee of consultation. Cash and personal check 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. Note that video conferencing is for teaching and not to do any form of counseling as it is not Hipaa Compliant. No identifiable clinical information is to be shared.

NAME: _____ DATE: _____
CONSULTEE

NAME: _____ DATE: _____
CONSULTANT **Melanie K. Young, Psy.D.**