

## INFORMED CONSENT FOR CONSULTATION

I. \_\_\_\_\_ understand that Kathleen Adams is offering consultation for my own professional development. In no way does she intend to assume responsibility for my patient care. Any discussion of my patients with her will be done in an anonymous fashion to protect their confidentiality. I intend for such discussion to have the goal of general enlightenment and professional development rather than having the goal of direct supervision or consultation pertaining to any specific patient under my care. I represent by my signature that I understand the difference between formal supervision/consultation and discussion of patients to further my own growth as a therapist. I further represent that my professional work is covered under my own malpractice insurance. Should any legal dispute arise about my patient care, whether or not the dispute concerns a patient I discussed with Dr. Adams, I hereby assume full liability for my own clinical decisions and hereby hold Kathleen Adams harmless and without responsibility for my clinical work.

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Signature

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Date