

Informed Consent for Case Conference Seminars and Individual Psychotherapy Tutorials

Name: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____ Fax _____ E-Mail _____

I understand that consultation group fees are \$_____ for each 90-minute session unless otherwise arranged. I further understand that I will be responsible for paying the fee before the end of each month whether or not I can attend the sessions. The fee is subject to change occasionally.

I understand that the group is *ongoing* and meets continually except for previously announced vacations and holidays of the therapist. Should I discontinue or change groups I will give notice of at least four sessions so that group members have an opportunity to deal with the termination.

Individual tutorial fees are \$_____ per 45-minute session unless otherwise arranged. If ongoing regular group or individual time is reserved, I understand that I am responsible for regularly scheduled time whether or not I am able to keep the appointment.

I understand that occasionally sessions may be recorded for research, teaching, and publication purposes with the permission of the presenter and without the right to financial remuneration. I agree to disguise at all times the identity of the client as much as possible. Tapes will be kept locked in a safe and later destroyed or given to the presenter.

I understand I may be asked to help edit the transcript of my work and that I have the right to refuse to have the material utilized for research, teaching, and publication purposes.

I have read the attached description of the consultation group and individual tutorials and understand their educational purposes. I agree to abide by the ethical codes of my profession and to adhere as closely as possible to the guidelines set out herein regarding the tutorial experience. Since participants may share personal as well as professional information that is private, I understand that all communications are privileged and confidential and agree to abide by all ethical and legal considerations of confidentiality.

Signature	Date	License Number/Expiration Date
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Malpractice Carrier and Policy Number (attach face sheet)	Expiration Date
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Supervisor's Name and Signature (if therapist is unlicensed)	Date	License Number/ Expiration Date
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