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**INFORMED CONSENT FOR CLINICAL CONSULTATION
(CONSULTANT-CONSULTEE CONTRACT)**

Today's Date: _____ Consultee Name: _____ Date of Birth: _____

Address: _____ Phone: _____ Email: _____

How did you hear about Integrity Counseling? _____

What would you like to accomplish with consultation? _____

Please review the following information and sign to attest to your agreement below.

I wish to receive consultation services from Aaron Norton, LMHC, LMFT of Integrity Counseling, Inc.

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 case situations. My consultant will provide me with an opportunity to discuss clinical cases and issues about which he may have some expertise, and he may help me consider options for responding, but the comments made for my consideration are not supervisory mandates.

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 patient information. However, I understand that if I provide identifiable information about a situation regarding which my consultant has an ethical or legal obligation to report confidential information, 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 he knows or has a prior relationship with the presented client(s), or if he believes he has a potential conflict of interest in his relationship with me, he will notify me of that fact immediately and will cooperate in helping me find a different consultant.

I agree to the fee of \$120 per one-hour consultation session, payable at each meeting. I understand that if I schedule a consultation appointment and either do not show for the appointment or cancel with less than 24 hours, I will still be responsible for paying the full fee of the appointment.

Consultee's Signature: _____

Date: _____