



Tina Gilbertson, LPC, DCC

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Informed Consent for Telephone Consultation

I offer short-term (1-5 sessions) telephone consultation to clients who are familiar with my books, articles, or other work and wish to speak with me about aspects of their personal situations. **These consultations are not psychotherapy, and do not replace in-person psychotherapy.** They are an educative activity, the goal of which is to help parents navigate the normative difficulties associated with estrangement from adult children.

In my initial consultation session, I conduct a brief mental health assessment, with the purpose of identifying urgent psychiatric needs and referring the caller to appropriate local resources if necessary. Throughout the consultation, I use my professional judgment to determine whether the caller could benefit from ongoing in-person therapy, and I make recommendations as I deem appropriate.

The intended benefit of consultation is to help you gain greater understanding and emotional clarity, which can result in more effective communication with your adult child(ren). The risks are that you will not obtain the benefits you anticipated, or that our discussions will lead you to painful emotions. While painful emotion often accompanies psychological growth, it is best addressed in an in-person psychotherapy relationship. If I observe that our sessions result in painful emotions for you, I will likely recommend that you seek in-person psychotherapy.

My fee for each hour of consultation is \$250, due at the time of service. You may pay with a check sent to me at the above address. You may also pay by credit card through PayPal using the email address “tinagilbertson@gmail.com.” If necessary, I can handle a credit card payment over the phone at the time of your appointment.

Sessions are conducted by telephone, and neither party will use a recording device. I will make all reasonable efforts to safeguard the confidentiality of any notes I take, and any correspondence we exchange.

Email is not a secure form of communication; I recommend against emailing any information other than that regarding scheduling or billing.

The content of our discussions is confidential, but there are certain exceptions to this guarantee:

- I'm required by law to report any suspicion of child abuse, elder abuse, or abuse of a vulnerable adult, such as someone with a disability;
- I'm required by law to take immediate action to protect you, another person, or a venue if I learn of a threat of physical harm. This includes reporting the threat to the intended victim(s) and to police;
- If ordered by a court to do so, I may need to release confidential information regarding our consultation(s).

I'm not available for clinical emergencies. These must be handled in all cases by the caller's local therapist or by local emergency services.

If you agree to these terms, please sign below, fill in the requested information, and return this form to me at the above address.

Client Signature

DATE

Name: _____

Address: _____

Phone: _____

Email: _____

Emergency contact information (name, relationship, numbers):
