



PATIENT ADVOCATES LANCASTER

Experienced, Caring & There for you.

## Consent for Consultation Services

I \_\_\_\_\_ (print name) as signed below, understand that PAL services are in the realm of clinical consultation. I understand that the consultation does not constitute clinical supervision and that I remain completely responsible both ethically and legally for the decisions I make related to my specific clinical situation. My consultant will provide services related to advocacy, education, care coordination, research, and options for treatment. S/he may help me consider treatment options but the comments made for my consideration are not treatment mandates. PAL does not provide diagnostic or legal services, nor are any medical treatments given (including medications).

PAL agrees to abide by the Health Advocate's Code of Conduct & Professional Standards. PAL will, at all times, be transparent in their work with clients. They will disclose to clients their credentials, experience, pricing structure, and any financial relationships they hold with other professionals, businesses or institutions. PAL will maintain patient privacy and will keep confidential all activities and records according to agreements among them.

I agree to pay for services at the time they are rendered. I understand that Private Advocate services are not covered under my health insurance. PAL will explain the fee schedule prior to signing the "Consent for Consultation Services" form.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_