

Consulting Services Disclaimer and Informed Consent

For Consulting Services with Paul Krauss

Contact: 480-428-2549 (voice and voicemail only)

Email: Paul.Krauss.Consulting@gmail.com

Secondary Email: Paul.Krauss.Counseling@gmail.com

- Welcome! I look forward to working with you. Beginning the consulting process is, for some, the first step to getting the resources, information, and direction they need to pursue their own journey of health and wellness. The purpose of this document is to inform you about what you can expect from me and to give you the opportunity to give your consent for various aspects of the provided consulting. _____(Initials)
- By signing this document you are acknowledging that you have read and understand all of the information in the Consulting Services Disclaimer and Informed Consent document and agree to working with Paul Krauss in a consulting capacity. Paul Krauss is also known as “the Consultant” in this document. _____(Initials)
- The basic consulting service you are agreeing to participate in is meant to guide you as you decide on solutions for starting treatment, such as finding the appropriate professional help, working on joining or building up informal supports, examining resources, general education on mental health, learning to become an advocate for yourself and more. Paul Krauss will use his knowledge of working in the field of mental health to discuss your situation with you, and then work on an entire report that has customized suggestions of providers in your area to choose from, ways to enroll and get the most out of your services, informal resources, and general educational material. Paul’s report and conversation with you may also include other customized suggestions and ideas for other local resources (e.g. support groups etc.) as well as additional resources such as helpful literature, audio programs, helpful Internet articles and related sites, podcasts, and blogs (if appropriate for your situation). _____(Initials)
- Paul Krauss offers consulting services to individuals, families with young adults, counselors, and others all over the United States in person, over telephone, or over secure video conferencing. Paul will assess your situation, work with you to make a specific plan of action, facilitate connection with the appropriate intensity and type of service for your unique situation in your area, and provide you with information to help you on your way to finding solutions. _____(Initials)
- Paul Krauss works as a consultant to help individual, families and others with mental health education, and to find providers, and intensity of appropriate services in their area. The Consultant, Paul Krauss MA LPC, has a Master’s Degree in Clinical Psychology and is licensed to perform psychotherapy in the state of Arizona. Paul’s experience working in the mental health field informs his consulting practice in terms of education, information, working to identify appropriate options for service, and both formal and informal resources as options. Please note that this consulting service is in no way a

counseling or psychotherapy service—and in no way will resemble this service. One of the purposes of this consulting service is to identify appropriate levels and providers of mental health services (counseling, psychotherapy etc.) in the location of the individual and family for them to begin engaging in treatment in their area. _____(Initials)

- This consulting service is not a counseling service. This is an educational consultation and resourcing service. Paul provides this service with an agreement that you will be seeking the appropriate level of care from licensed professionals in your state or in the state of the treatment center (ranging from crisis inpatient to local outpatient). Paul will conduct research to find counselors or treatment centers in your area and with consideration to a price range that would be appropriate for your situation, and provide you with a customized report and additional resources. _____(Initials)
- NOTE: Paul has NO financial investment in any of the counselors, service providers, resources, or treatment centers that he may recommend to you. While Paul will spend time after the initial consultation researching and contacting services in your area—he is an independent consultant and not a part of any referral program. Paul is referring to these counselors and/or treatment centers in good faith based on their advertised skills, possible conversations (if deemed necessary), and ability to work with your situation. However, these providers and services may not meet my needs and I agree not to hold Paul at fault for this. Paul is giving me several suggestions and I may choose another if one does not work for me, or choose to work with another service altogether. _____(Initials)
- I understand that my client record will be kept confidential, and that confidentiality includes all aspects of the topics discussed during the consulting sessions. Because Paul Krauss is a licensed mental health professional in Arizona—he is a mandated reporter. Even though I am not being treated by him as a patient, I understand that, by law, there are limitations to confidentiality in cases when one or more of the following occur or are mentioned in a conversation: Intent to commit suicide; Intent to commit homicide; Any other act or intention to act in a way that may be a danger to self or others; Information regarding child or elder abuse/neglect that mental health providers are mandated by law to report. _____(Initials)
- Communication: The Consultant agrees to return phone calls and emails in a timely manner, but cannot make any promises that it will be done within the same day. He will make every effort to return phone calls and emails within 72 hours (unless he is out of the office for a predetermined time period, which will be indicated by his out of office voicemail message).
- I understand that Paul Krauss's phone line is NOT an emergency number. In the event of an emergency, I agree that I will call 911 or to go to the closest emergency room. In the

event of a crisis, I agree that I will call a crisis line in my area or the national suicide prevention hotline 1 (800) 273-8255. _____(Initials)

- Paul Krauss provides consulting services including education, resources and recommendations based on his experience, knowledge background. Paul Krauss will make every effort to support clients in recommending appropriate services for the person receiving services, but cannot guarantee any particular outcome. Paul Krauss/Intentional Counseling Services LLC shall not be held liable to the client for any acts or omissions in the performance of services, except when such acts or omissions are due to willful misconduct or due negligence. The client shall hold the Consultant, Paul Krauss/Intentional Counseling Services LLC, free from any loss, claims, damages, judgments, attorney's fees, costs, and obligations arising from services provided by the Consultant unless such loss resulted from the Consultant's willful misconduct or due negligence and he is found guilty of willful misconduct or due negligence in a court of law. _____(Initials)
- As a consultant, Paul Krauss may sometimes consult (talk) with another professional about your situation to work on finding you the appropriate resources or provider. This other person is also required by professional ethics to keep your information private. _____(Initials)
- Termination: Both the Consultant and the client may terminate the consultation agreement at any time and for any reason. The respective duties and obligations of the contracting parties may be terminated by either party giving 48 hour written notice to the other party at the address or email address on file. _____(Initials)
- I understand and acknowledge that Paul Krauss is acting in the role of consultant and not as a therapist and does not offer distance-psychotherapy or any other form of psychological, behavioral or emotional counseling or therapy as a part of this consulting service. I understand that the nature of the work we will be engaged in is consultation based and educational and is to help you on your journey of working on your own health and healing. Though Paul will speak/meet with me and give me a report, I understand and acknowledge that there can be no guarantee that any particular result will or will not occur due to our working together, taking action and meeting with suggested or other service providers is my responsibility alone. I agree that I/my family, for myself and anyone claiming through me, will hold harmless and indemnify Paul Krauss from any legal or financial responsibility for any effects our working together may have on my life. _____(Initials)
- All consulting appointments must be prepaid before the appointment. I understand that in the event that I do not provide Paul Krauss with at least a 48-hour verbal notice (by phone call or voice message) of appointment cancellations or miss an appointment, I am responsible the prepaid appointment fee and will not be refunded. If, for any reason, Paul Krauss misses a consulting appointment—he will immediately refund the pre-paid

money, unless you and Paul have rescheduled and it will be credited toward a future consulting appointment. _____ (Initials)

- The Consultant will e-mail or mail the client an itemized statement upon request. Receipts can be provided for each appointment through squareup.com. The Consultant will not provide any further services until a client's past due amount has been paid unless a prior agreement has been arranged. The client is responsible for paying for consulting in advance, regardless the outcome of the situation, including all services provided prior to receiving a written notice terminating the relationship. All fees for services provided are non-refundable. _____ (Initials)
- I agree that by signing on the line that I have read the entire document and agree to everything that is written in this document. _____ (Initials)
- I acknowledge and agree that I have read and understand all of the information in the Consulting Services Disclaimer and Informed Consent and agree to receive consulting services from Paul Krauss. Future questions, concerns, or clarifications can be addressed directly with Paul Krauss. _____ (Initials)

Signature: _____ Date

Signature of second person: _____ Date