

AFFILIATED THERAPISTS, INC.

David Donaldson, Ph.D.

Faith E. Donaldson

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David 303-643-8633

Faith 303-643-8643

CONSENT FORM

Faith and David often find that it enhances the quality of their work and yours to be able to discuss your treatment issues with one-another. This is often the case in clinics where the staff regularly meets to discuss cases.

This advantage is available for you. However, you may prefer that we do not discuss your patient issues with one-another. Please sign the appropriate blank below to indicate your preference.

I give my consent for Faith and David Donaldson to confer with one-another about my treatment.

Name _____ Date _____

I prefer that Faith and David Donaldson **do not** confer with one-another about my treatment.

Name _____ Date _____

Witness _____ Date _____