AFFILIATED THERAPISTS, INC.
David Donaldson, Ph.D.
Faith Donaldson
24000 US HWY. 40
Golden, CO 80401

David 303.643.8633 Faith 303.643.8643

CONSENT FORM

David and Faith 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 David and Faith Donaldson to confer with one-another about my treatment.

Name_______________________________________ Date ____________________________
Signature

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

Name _______________________________________ Date _____________________________
Signature

Witness ____________________________________ Date _____________________________
Signature