AFFILIATED THERAPISTS, INC.
David Donaldson, Ph.D.
Faith E. Donaldson
24000 US HWY. 40
Golden, CO 80401
David 303-643-8633 Faith 303-885-3498

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 done 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 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__________________