



## Complimentary 15 Minute Consent

I understand that by receiving a 15 minute complimentary consultation with a clinician, I am not initiating treatment with Potomac Psychiatry.

I understand this consultation is used to learn more about the clinician and no clinical information will be discussed.

I understand that if I choose to initiate treatment with Potomac Psychiatry, it will be independent of my 15 minute complimentary consultation and will follow standard procedures of the practice.

Print Name: \_\_\_\_\_

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

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