



CONSENT FOR CONSULTATION SERVICES

I _____ (print name) as signed below, understand that Katrina A. Bramstedt, PhD's services through AskTheEthicist.com are in the realm of clinical ethics consultation, bioethics consultation, philosophical practice, advocacy, education, and care coordination. Her services are designed to assist in the identification and resolution of ethical problems and to educate me about my options and to offer recommendations. Dr. Bramstedt/AskTheEthicist.com does not provide medical or legal advice, nor are any medical treatments given (including medications).

Further, I understand Dr. Bramstedt does not function as a physician (or psychologist, psychotherapist, or lawyer), and that she offers her services in addition to other services I receive. I understand she does not replace the services of my physicians, surgeons, or other providers. I will discuss all my prescription medication and healthcare questions with my healthcare providers. I understand that ethics consultation and its related activities do not replace medical care/treatment.

If urgent or emergent care needs arise, I fully understand that I am to immediately proceed to my local emergency department or urgent care center. I understand that Dr. Bramstedt does not admit clients/patients to any hospital.

Dr. Bramstedt relies on hospitals, physicians, surgeons, nurses, and allied health personnel to provide medical care. However, Dr. Bramstedt will make inpatient and outpatient visits as indicated in order to facilitate the ethics consultation process. I also give permission for Dr. Bramstedt to communicate with other health care professionals that are involved in my care as needed per a separate authorization form.

You are expected to pay for services at the time they are rendered unless other arrangements have been made. Services are rendered and charged to the client/patient, not to the insurance company. There is a \$35.00 charge for returned checks. Checks shall be made payable to *Katrina A. Bramstedt, PhD*.

I hereby consent to receive Dr. Bramstedt's services through AskTheEthicist.com having read and fully understanding her payment policy. I also consent to use of my case in educational presentations and journal publications with appropriate confidentiality provided. I understand that Dr. Bramstedt and AskTheEthicist.com provide no guarantees or warranties as to outcomes.

Printed Name: _____ Date: _____

Signature: _____ Witness: _____

YOU MAY HAVE A COPY OF THIS SIGNED FORM FOR YOUR RECORDS

Katrina A. Bramstedt, PhD

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