



Connect, Heal, Thrive

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Consent for Clinical Consultation

AEDP Consultation: I _____ will be participating in Accelerated Experiential Dynamic Psychotherapy ("AEDP") consultation ("Consultation") with Jennifer Edlin, MFT ("Consultant"). This consultation will focus on expanding my knowledge of the theory and practice of AEDP and developing my skills in the AEDP model.

Not Clinical Supervision: I have a current and active license to practice psychotherapy. I understand that although Consultant is considered a "supervisor" and "senior faculty member" by the AEDP Institute and my Consultation hours with Consultant are considered by the AEDP Institute as hours of "AEDP Supervision," **Consultant will NOT be providing clinical supervision** and the terms "AEDP supervisor" and "AEDP supervision" in this context do not imply or constitute any ethical or legal responsibility for cases discussed. Consultant uses the term "consultation" to further underscore this distinction.

Consultant will be facilitating use of our time to maintain the focus on my development as an AEDP therapist and will seek to limit sharing of case material beyond what is needed for these purposes. Consultant will not be seeking or obtaining adequate information to provide clinical supervision. Thus, I will consider all suggestions and ideas offered by Consultant for how an AEDP therapist might approach a particular moment in a psychotherapy session as possibilities to consider within the context of the full extent of the knowledge and understanding I have of my client. I understand that I hold sole clinical, legal and ethical responsibility for the psychotherapy that I provide to my clients.

Consent from Client: I will be sharing excerpts of my psychotherapy work on videotape. By showing videotape of a client's psychotherapy session to Consultant, I represent that I have obtained client consent to videotape psychotherapy sessions and to share these videotapes with Consultant, including over videoconferencing (if relevant).

AEDP Certification Hours: I understand that my hours of Consultation with Consultant will count as hours of AEDP Supervision. I further understand that the hours toward AEDP Certification listed on the AEDP website are minimums and often it takes more, or many more, hours of Consultation to reach certification level, prepare and submit an AEDP Certification application package. In addition, I understand that I need consultation with at least one other AEDP supervisor/faculty member prior to applying for AEDP certification and that the AEDP institute requirements for certification can change without notice. I agree I am solely responsible for complying with and keeping abreast of the AEDP Institute requirements for AEDP Certification. The Consultant and I will discuss my intentions around AEDP Certification and revisit this frequently, and I will raise AEDP Certification with the Consultant should my needs or desires change and as I have questions.

Fees: My current rate for AEDP consultation is \$___/55-minute session. Fees may be raised by \$10 each year.

Schedule/Cancellations: Consultant works in three 10-12 week blocks per year, taking off the summer and several weeks during the remainder of the year for professional and personal development. The Consultant will endeavor to give as much advance notice as possible of her absences and to think together about what resources could be helpful during breaks. I understand that Consultant does not offer any emergency Consultation services. Consultant would appreciate as much advance notice as possible in the event of a need to miss a session, and I understand that I am expected to provide at least 24-hour notice if I wish to cancel a consultation session. If I don't provide 24-hour notice, I will be charged for the cancelled session.

Informed Consent: I have read and understand the preceding information. I understand that questions and requests for clarification are welcome and encouraged. I agree to the policies described above and consent to participate in AEDP Consultation with Jennifer Edlin, MFT.

Signature: _____ Date: _____

Accepted and Agreed: _____
Jennifer Edlin, MFT