

Peggy L. Ferguson, Ph.D.

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Name of Consultee
Address
Age
Cell phone
Emergency Contact + their cell phone

"I am requesting consultation services from Peggy L. Ferguson, Ph.D., and I want to clarify that I am not establishing a counseling or coaching relationship with Dr. Ferguson at this time. I acknowledge that this consultation is for educational and informational purposes only and is not a substitute for counseling or any therapeutic relationship. I understand that Dr. Ferguson will keep confidential the information I share within the bounds of the law, but there are limitations to confidentiality."

Consultee's Signature	Date
_____	_____

****Please send us a copy of your driver's license.

Disclaimer Acknowledgment

Email, telephone, or teleconference contact is intended solely for educational and informational purposes. It does not constitute an agreement to establish a therapeutic relationship. Please exercise caution when sharing personal information through email, as confidentiality cannot be guaranteed.

We do not provide any warranties regarding the consultation services. You are entirely responsible for how you utilize these services. The information provided during a consultation is based on Dr. Ferguson's professional experience with related issues. Educational suggestions are also drawn from this experience and do not reflect personalized insight into your or your significant other's specific issues, problems, or dynamics.

Acknowledgment: I have read the above Disclaimer and acknowledge my understanding of these limitations. I agree to abide by these terms when consulting with Dr. Ferguson.

Consultee's Signature	Date
_____	_____

