



White Marsh Psychiatric Associates, LLC
5024 Campbell Boulevard – Suite H
Baltimore, Maryland 21236
(410) 931-9280

Patient: _____ DOB: _____ Date: _____

I consent to a student from Towson University Physician Assistant Studies Program, to be present during my clinical visit with Laurarose Dunn-O'Farrell, PA-C, LCPC today _____ Date.

I understand that this clinical experience is a necessary part of his/her training. The communications during this visit will be held strictly confidential. I can decline having this student sit in on my clinical visit today if I do not feel comfortable.

Patient Signature: _____

Laurarose Dunn-O'Farrell, PA-C, LCPC

Parent/Guardian Signature: _____