

ADULT INFORMED CONSENT

I will keep confidential from outside parties anything you say to me with the following exceptions:

- I determine you are a danger to yourself or others (but I will make every effort to include you in this determination);
- Child, elder, or dependent person abuse reporting as mandated by law;
- I am ordered by a court to disclose information (this includes the possibility in child custody situations or litigation);
- If legitimate fee collection efforts become necessary;
- HIV status may need to be disclosed to an unknowing spouse or partner as mandated by law;
- You direct me to tell someone else by signing a release of information form. This includes releases you sign with an insurance company which are activated once you apply for reimbursement. This also includes a mental disorder diagnosis that I place on a bill submitted to insurance for reimbursement.

In the event I feel I need to consult with another professional in order to provide for your needs, I will do so, but only in a professional manner. Your identity will be kept anonymous. I will use the same guidelines as above to maintain confidentiality. Tell me if this is a concern.

I certify that I have read and accept the included brochure about my psychologist's policies and procedures. I understand that it is my responsibility to ask any questions that I may have of my clinician before signing. I understand that we will now begin with an assessment of my needs and that neither the psychologist nor I are under any obligation to continue with treatment from that point. I further understand that mental health is not an exact science and that no guarantee can be made as to the result or success of my treatment. I understand that treatment often involves making significant changes and that every change potentially has both positive and negative effects. I understand the potential benefits and risks involved in seeking mental health treatment and am willing to proceed at this time. I understand that I can discuss any questions or concerns that I have with my clinician at any point.

Client

Date

Therapist

Date