CONSENT FOR TREATMENT

I give permission to Lynn Davilla Shields, PhD., a licensed psychologist (PSY 13805) in the State of California to provide psychotherapeutic services to myself/my child:

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Name of Adult client Date of birth

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Name of Child (if minor) Date of Birth

I understand that all communications between client and therapist are both confidential and privileged. According to state law confidentiality and privileged communication are the rights of all clients of licensed psychologists. I understand that the client must give permission to release any oral or written material to any other individual or organization.

Case law has held that if an individual makes a serious threat of physical harm against any other human being, it is the psychologist’s duty to warn the police and the person and/or family of the person who is likely to suffer the result of harmful behavior. Case law has also held that a psychotherapist should make any effort to prevent her client’s from taking actions that are harmful or dangerous to themselves. Friends and family may be enlisted in efforts to protect a potentially suicidal client. Every effort will be made to resolve these issues within the therapeutic setting before a breach of confidentiality takes place.

State law requires that the psychologist report any reasonable suspicion of child and elder abuse to the appropriate Protective Services immediately by phone and within 36 hours by written report. Every effort will be made to fulfill this reporting requirement in a manner that is in the best interest of the elder, child or children involved.

A 24 hour notification of cancellation is required in order to avoid charges for a missed session. The fee is to be paid at the time of the session. Any changes in fee arrangements should be made in advance. There will be a fee charged for telephone contacts over 10 minutes in duration. Sessions are 50 minutes in length. The per session fee is $160.00 (with the exception of Blue Cross members who will be charged a co-pay based on their plan). Psychotherapy may be discontinued at any time and referrals or other alternatives to psychotherapy will be discussed as appropriate.

In case of an emergency, Dr. Shields can be contacted by cell phone at 925-285-6764. Alternative emergency numbers are the Contra Costa Crisis Line at 800-833-2900 or 911.

Therapy can be a difficult as well as rewarding process. If difficulties arise, it is important that the client inform the therapist of any problem promptly so that it may be dealt with in an honest and direct manner. This includes treatment issues, potential breaches of confidentiality, appointment times and financial arrangements.

I HAVE READ AND UNDERSTAND MY/MY CHILD’S RIGHTS AS A PSYCHOTHERAPY CLIENT.

Signature of Adult Client Date

Signature of Parent/Guardian of Minor Date

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Signature of Minor (over 14) Date