



Psychological Services
(650) 949-7241

Consent To Treatment

Client's Name: (Please Print) _____
 Please read the following paragraphs and sign at the bottom of the page.

Services and staff: I understand that Psychological Services offers a wide range of counseling services, and that these services may be provided by social workers, psychologists, graduate-level interns, and field placement students. In all cases, a licensed mental health professional supervises trainees. In addition to providing direct counseling services, this agency provides training, consultation, and engages in research.

Confidentiality: I understand that information provided during personal counseling sessions will be kept strictly confidential, and information will be released to other parties only with my expressed written consent except in the following situations: (a) if I threaten to harm myself, someone else, or another's property; (b) if a court of law issues a legitimate court order; (c) if I disclose abuse or neglect of children, the elderly, or disabled persons; (d) if I am deemed to be gravely disabled and need hospitalization. In these situations, the counselor may be required by law to provide information to other persons or agencies without my permission. In addition, it is part of the continuing goal of Psychological Services to provide the best possible service to students. Therefore, I am aware that my counselor may share information about me, when appropriate, with other professionals within Psychological Services for the purpose of diagnosis, treatment planning, or counselor supervision. I am also aware that Psychological Services follows the mental health laws of California and that a file which includes a summary of counseling contacts and other pertinent information is kept.

Benefits and risks: I understand that there is a possibility of benefits and risks, which may occur in counseling. Counseling can impact relationships with significant others, and may lead to greater growth. The benefits from counseling may be an improved ability to relate to others; a clearer understanding of self, values, goals; increased academic productivity; and an ability to deal with everyday stress. While counseling can be of benefit to most people, the counseling process is not always helpful. Counseling may involve the risk of experiencing unpleasant emotions. I understand it is important for me to discuss with my counselor any questions or discomfort I have regarding the counseling process.

Research: In order to better provide services, I am aware that Psychological Services uses client demographic data in their annual report for the purpose of conducting needs assessments and program evaluations. I am aware that no individual identifiable information will be used.

I understand that I will call Bill Frankeberger at (650) 949-7241 to cancel appointments at least 24 hours in advance of my scheduled appointment time.

Please sign below to indicate you have read the previous information and agree to its terms. If you have any reservations or questions, please discuss this with your counselor.

Client's Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____