

### **Informed consent**

Therapy is a joint venture between all involved parties. Progress depends on many factors, including motivation, cooperation, understanding, and life circumstances within each family. The length of treatment varies from individual to individual and depends upon the nature and severity of problems as well as preceding factors. For these reasons, the course of treatment may need to be modified to allow for changes along life’s path. It is also important to remember that while therapy is designed to be helpful, it may at times be difficult and uncomfortable.

I understand that my participation is voluntary and that I may withdraw from treatment at any time.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to participate in a clinical evaluation and/or treatment with Miranda J. Gabriel, Psy.D., licensed clinical psychologist.

I understand that all information, communications, observations, and opinions derived from this evaluation and/or therapy shall be considered confidential. In California, the failure to maintain client information as confidential is considered a violation of privacy and ethical standards. Any information provided by you will be kept confidential and will not be released to any outside agency or individual without your consent.

There are a few important exceptions to this standard. Under California State law, psychologists are required to disclose any and all reports of possible child abuse or neglect, elder or dependent abuse or neglect, and homicidal threats against others. Additionally, the utmost care will be given to protect clients when there is a risk of suicide by informing family members and/or initiating a hospital evaluation. Please refer to the privacy policies form for additional exceptions to confidentiality.

I agree that neither I nor, anyone representing me, shall request either written or oral testimony at deposition or in court on any issue related to myself or family. Therefore, I waive my right that I may have to call on or subpoena such records in this or any action which is or may be filed.

I have read and understand all additional policies and procedures outlined in the form entitled “Notice of Privacy Practices.” I have signed below to indicate that I have read, understood, and agree to the above.

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Client Signature Date

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Miranda J. Gabriel, Psy.D. Date