

Will Joel Friedman, Ph.D.

Psychologist • California License No.: PSY 10092

275 Rose Avenue, Suite 212, Pleasanton, CA 94566

- E-mail: drwilljoel@comcast.net • Website: www.willjoelfriedman.com

Information, Informed Consent & Confidentiality about Your Therapy Sessions

Informed Consent: Therapy may involve the risk of remembering unpleasant events and can arouse intense emotions of fear and anger. Intense feelings of anxiety, depression, frustration, loneliness, or helplessness can also be aroused at times. No one can predict the course of human relationships, and that it may be necessary to amend prior agreements as the psychologist and participants learn more about each other. The benefits from psychotherapy may be that you will be better able to handle or cope with your family or other social relationships, thus experiencing more satisfaction from those relationships. Another possible benefit may be a better understanding of your personal goals and values; this may lead to greater maturity and growth as a person. A psychologist is not a medical physician and cannot prescribe or provide you with any medications at this current time. If needed, I can recommend a psychiatrist or primary care physician, or you can find one. If it is my professional judgment that you are at serious risk of doing harm or killing yourself, my only treatment goal is to keep you safe and alive. I will do whatever I need to do to protect you to include the notifying and involving members of your family or people you are closest to. If this is unacceptable to you, then I will need to refer you elsewhere.

Family Contacts: Name: _____ Phone: _____ / Name: _____ Phone: _____

If a couple is seeing this psychologist in couple therapy and it is further agreed to work individually with both partners, there is a “no secrets” policy in agreeing to have this psychologist use his professional judgment in sharing confidential information in the couple and individual sessions when appropriate.

Client Rights: (1) To not receive therapy from me and to be provided with names of other qualified professionals; (2) To ask any questions about the procedures used during therapy; (3) To end therapy at any time without any further moral, legal or financial obligation; (4) To review your records unless I feel this would cause possible damage to you or others; (5) Confer periodically about your progress and goals; and (6) Confidentiality.

Confidentiality: All information disclosed within a session is confidential and may not be revealed to anyone without the client’s written permission, except where disclosure is required by law and the above exceptions. Disclosure may be required where there is “reasonable suspicion” of the following: (1) child or elder abuse; (2) the client presents a danger of violence to others; or (3) the client is “gravely disabled” or is likely to harm him/herself unless protective measures are taken. Disclosure may also be required pursuant to certain legal procedures and if the client discusses the planning of a criminal action.

Cancellations: A minimum 48 hours is required to cancel an appointment without charge.

Payment: I / we agree to pay on a per session basis the fee of \$ _____ per 50 minute clinical hour. Payment by cash, check or major credit card is agreed upon at the start of each session (unless the client prefers to do this at the completion of the session). Checks are payable to “Will Joel Friedman, Ph.D.”

Insurance: Upon request I will provide a monthly statement in the form of a receipt or super-bill with two copies for you to submit one copy to your insurance carrier for reimbursement directly to you and retain one copy for your records. All couple marital therapy ethically must be billed as a V-code (i.e., 90847).

I (we) have read, understand and agree to engage in therapy with Dr. Friedman under the above terms:

Print client(s) name (parent/guardian if minor) **Client Signature** **Date**

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