Ellen M. Greenfield, Ph.D.

Licensed Counseling Psychologist – PSY 15279

Consent For Treatment

Client Name	Date of Birth
privileged and confidential. This mean of my psychotherapy orally or in writing permission. Only under the following confidentiality dictated by California I and every effort would of course be maction: (1) If an individual intends to take har individual, it is the psychologist's family of the person who is likely (2) Psychologists who have knowledged elderly person or dependent adult appropriate authorities.	etween me and my psychotherapist is both ins that Dr. Greenfield will not discuss any aspects ing with other people without my express written circumstances, which are exceptions to aw, would confidential information be revealed, adde to resolve these issues before taking such inful or dangerous action against another duty to warn the police and the person and/or the to suffer the results of harmful behavior. We or suspicions of abuse or neglect of a child or are required to report such concerns to the reasonable action to protect patients who are in
Additionally, in accordance with the American Psychological Association's Ethical Guidelines, Dr. Greenfield may deem it clinically necessary to discuss some aspect of my psychotherapy with another qualified professional for the purpose of furthering the treatment goals. It is understood that neither my name nor any identifying information would be communicated in such circumstances.	
Together, they define the problem, loo treatment goals for therapy. While the does depend upon multiple factors incl circumstances, and an open and hones. Therapy sessions don't always make y before they feel better. At times you no but these feelings are usually temporar	eople in difficulty seek the expertise of a therapist. It at what hasn't been working, and create e results of therapy cannot be guaranteed, progress luding client motivation and effort, other life to communication between client and therapist. You feel good and in fact, many people feel worse may feel anxious, depressed, frustrated or hopeless, ry, and are a normal part of the therapy process. and concerns with me and we will work together to
confidentiality and it limits, and the tre	ogical treatment, including methods available, eatment plan and goals of treatment with Dr. Ellen Dr. Greenfield to provide me (my child) with stic services.
Signature of Client (Parent, Guardian)	Date
Ellen M. Greenfield, Ph.D.	 Date