

Treatment consent, notice of privacy practices, and practice policies for individuals OR guardian/minor OR couples

Patient(s) name(s) and phone number(s): _____

Treatment consent: I/we consent to psychological treatment in the form of talk-therapy with Dr. Shiels.

X _____ X _____

Notice of privacy practices:

Psychological records, including even the identification of a person as a patient, must be protected with extreme care. As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your consent to disclose certain information. There are only four exceptions to the rule of confidentiality. The **first** exception is if I believe you are at risk for causing harm or death to yourself or someone else. In this case, I will inform your parent/guardian (in case of minor), any specifically-named person who may be harmed, and/or law enforcement if necessary to protect another specifically named person. The **second** exception to this rule is if you are a minor/elderly person/disabled adult and have been abused or neglected in the past or are currently being abused or neglected. In this case, I am required by law to inform social services. **Thirdly**, your insurance company may require your diagnosis and therapeutic notes to determine eligibility for continued coverage. The **last** instance in which I will disclose private information is if a court *requires* me to do so (in which case I will notify you). You retain "privilege," or the right to bar the release of health information (including diagnosis and notes) in legal situations, although there are some specific legal exceptions to privilege: For facility placement, if the patient is undergoing a court-ordered examination and the issue at trial involves his/her mental/emotional disorder, if the patient introduces his mental illness as part of defence in civil/criminal proceeding, if the patient makes a malpractice claim against the psychologist, if the patient expressly waives privilege, if a criminal proceeding in which a patient is accused of harassment/threatening/other criminal act against the psychologist.

I/we understand and agree to the above-mentioned protocols regarding privacy practices:

X _____ X _____

Practice Policies:

I/we understand that it is Dr. Shiels' role is to provide talk-therapy so that I/we might feel better and/or improve my functioning. Her role is not to gather information for courts or to make judgements related to my family or anything else. I/we understand that courts can appoint professionals that have no prior contact with my family to conduct independent evaluations and make recommendations to the court. I/we agree that Dr. Shiels will not use any records or testimony in any court proceedings in order to preserve an open professional relationship and atmosphere of honesty.

There will be a \$45 missed appointment fee for any appointment that is not cancelled within 24 hours. In the event of inclement weather, reasonable judgement will be applied. A good rule of thumb is if schools are closed, it would be reasonable to not expect a cancellation fee. Dr. Shiels generally uses reasonable judgement with her cancellation policy. If once-in-a-blue mood illness or emergency occurs, the fee will likely be waived. If more than two or three appointments are missed within a few months time, expect a fee. I/we agree to the before-mentioned practice policies.

X _____ X _____

Dr. Shiels may leave a voicemail or text message on the phone number on file. The message may contain the word "therapy" or other information that would indicate the nature of our appointments or specific personal information. If you consent to this, please initial here:

X _____

Release of information:

I authorize Dr. Shiels to disclose information about my (or my minor child's) treatment and diagnosis to the following person/people, because I believe allowing her to speak freely to this person (or people) will benefit my (or my child's) therapy. (This may include psychiatrist, general practitioner, school, teacher, spouse, or any other person.): Name and contact information: _____

X _____ X _____

