

James L Moog MA LMFT MAC BCETS

Individual, Couple & Family Therapy

1439 Cedarwood Lane, Suite B

Pleasanton, CA 94566

925-339-1964 / fax 925-838-4575

License MFT17484

Consent for Treatment

Client Information

Client Last Name _____ First Name _____ MI _____

DOB ____/____/____

Client Address _____

Client Home Phone _____ Cell/Work Phone: _____

Limits of Services and Assumptions of Risks

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The follow is a list of exceptions:

- **Duty to Warn and Protect**
If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threat or harm another person, the therapist is required to warn the possible victim and notify legal authorities.
- **Abuse of Children and Vulnerable Adults**
If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent) the therapist must report this information to the appropriate state agency and/or legal authorities.
- **Prenatal Exposure to Controlled Substances**
Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.
- **Minors/Guardianship**
Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.
- **Insurance Providers**
Insurance companies and other third-party payers are given information that they request regarding services to the clients. The type of information that may be requested includes types of service, dates of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

Client Signature _____ Date _____

(Client's Parent/Guardian if under 18)