

Mary Logan, M.A.

MFC #38623

CONSENT TO TREATMENT

California law requires this consent.

I understand that therapy is a mutual effort. Progress depends on many factors including motivation, effort and other life circumstances such as interactions with family, friends and others. The length of treatment varies depending upon these factors, and the nature and severity of the problems I understand that while the course of therapy is designed to be helpful, it may at times be difficult and uncomfortable.

I understand and consent to the following:

1. I authorize and request my treating provider to make arrangements for psychological examinations, treatments and/or diagnostic procedures that now or during the course of my treatment are advisable.
2. I hereby consent to the release of information in my files for insurance purposes.
3. I acknowledge that I am hereby being informed that, under California law:
 - a. If a patient communicates to a therapist a serious threat to harm an identifiable person the therapist must warn that person and the police:
 - b. If the therapist suspects child abuse or neglect, or abuse of a helpless adult or of an elder, a report must be made to the designated agency;
 - c. If a patient seems dangerous to self and others or unable to care for him/herself, then hospitalization may be required.
4. I understand that:
 - a. Information and records—otherwise confidential—and/or testimony concerning me and/or my family must be provided in the event of a court order;
 - b. In litigation or official proceedings, including but not limited to collection of fees, information and records—otherwise confidential—and/or testimony concerning me and/or my family may have to be provided in limited circumstances without my specific consent, in accordance with applicable law.
5. I understand that this consent covers me and any of my minor children involved in treatment.
6. My consent is voluntary and, except for items 3 and 4 (limits of confidentiality) and urgent consultations, I may withdraw my consent to future disclosure by writing a letter to Mary Logan.
7. I have the right to end treatment at any time. Ms. Logan has the right to end treatment at her discretion for reasonable cause, including, but not limited to the following:
 - a. Failure to follow the treatment plan;
 - b. Failure to pay
 - c. Treatment is no longer helpful or warranted.
8. This consent is in effect from this date until treatment is terminated.

Name: _____ Date: _____

Printed name: _____

