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Consent for Co-Parent Counseling

I give my consent to engage in Co-parent Counseling. I understand that the process is a joint effort and that results cannot be guaranteed. I understand that I may withdraw from treatment at any time.

Treatment is confidential and unless I give my written consent to release information, such information will not be disclosed to anyone. The following circumstances, however, are exceptions. I have been informed that under California statutes: 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 dependent adult or of a person over the age of 65, a report must be made to the appropriate agency; and (c) if a patient seems dangerous to self or other, or is unable to care for him or herself, hospitalization may be required.

Further, I understand that information and records otherwise confidential and/or testimony concerning my family or me must be provided in the event of a court order demanding it. Also, in litigation or official proceedings, information and records otherwise confidential and/or testimony concerning my family and me may have to be provided in limited circumstances without my specific consent in accordance with the law.

I agree that neither I, nor anyone representing me, shall call on Dr. Sheryl Hausman during these counseling sessions or at any time subsequent to them to provide either written or oral testimony at deposition or in court on any issue related to my family, nor shall I subpoena any records from Dr. Hausman for such purposes. Therefore, I waive any right that I may have to call on Dr. Hausman or subpoena her records or testimony in any action that has or may be filed.

The fee per 50-minute session is \$_____, due at the time of the service. I agree to give 24 hours notice when canceling a session; and without such notice, I agree to pay in full for the session missed.

Signature: _____/Date: _____

Signature: _____/Date: _____