

Sheryl B. Hausman, Ph.D.
1030 Sir Francis Drake Boulevard, Suite 120
Kentfield, California 94904
415.924.8940 phone
415.924.4456 fax
drhausman@comcast.net
Licensed Psychologist PSY 10114

Consent for Family Therapy

This consent form was designed to clarify some issues that can arise during the treatment of family members within a highly conflicted marriage or divorce. Signing this form means that you give consent to my services for treatment of yourself and your family members and that you have read and understand the principles of the treatment as outlined below.

1. The Therapeutic Relationship:

The relationship with the therapist is important in the family treatment process. The family needs to experience the therapist as trustworthy and supportive. A good relationship between the therapist and the family is the basis upon which the treatment can unfold. Treatment also requires a very active effort on your part. In order to be most successful, you will have to work on things we talk about both during our sessions and at home. It is also important that you ask questions that you have about treatment as they arise.

2. Confidentiality:

The treatment sessions will involve family members in different combinations and in the order that I feel will work best. The sessions will be confidential, but I will also explore which communications may be shared with other family members. While parents have a right to general information about their child, communications between the therapist and child are also confidential. With this in mind, parents should understand that there are certain issues that I may not communicate to them if I deem it best to maintain the child's privacy or privacy is requested by the child.

The confidentiality of communications between patient and psychologist is important and, in general, is legally protected. Normally, information can be released only with your written permission. There are, however, some exceptions: (1) If a client presents as a danger to herself/himself; (2) If a client presents as a danger to someone else and threatens to harm a specific person(s); (3) If a client appears unable to care for basic personal needs for food, clothing and shelter; (4) Reports are required in suspected cases of abuse of a child, elderly, or disabled person; (5) Certain court proceedings or legal activity may limit your ability to maintain confidentiality.

3. Exclusion of therapy from any legal proceedings:

Parental separation and divorce, remarriage and blending of new families can be very hard on family members. This can be particularly hard on children. It is

important that therapy present a safe environment. That safety is particularly endangered when a family member has to worry that what is said in therapy will be revealed in court and used against someone. In order to protect that safety, the undersigned agree that the therapist will not be called by subpoena into any legal proceeding. Everyone needs to understand that a judge may decide not to honor this agreement and that I may be required to be a witness, although I will try to prevent that from happening.

You should be aware that once we start treatment, it is unethical of me to give any opinion about custody or visitation arrangements, even if I am compelled to be a witness. If the court appoints a professional about child custody advice, I will provide information to him/her so that the best decision can be made. I will not make any recommendation about the final decision.

4. Parent-therapist communication:

I will avoid repeating information from one parent to the other, especially inflammatory statements involving allegations, worries, character defamation, etc. that are involved in highly conflicted situations. It is expected that a parent may feel from time to time that I am not aligning on their "side," especially if they have a strong position that they explain to me as impacting their child. My goals will be to stay out of the interparental battle, remaining in a neutral, unaligned position. I will listen to parental information to understand a child's position, but I will not step outside of the role of therapist into any advocacy role or other dual role, for professional ethical reasons.

5. Fees:

Parents agree that they are responsible for charges for services provided. Under the current court order, psychotherapy expenses are divided as follows: father pays ____% and mother pays ____%. In addition, by signing this consent form, parents agree that they are responsible for any unpaid amount owed to the therapist by either parent, should there be any collection difficulties that arise. The fee for a fifty-minute session is \$____. Parents will be charged this amount on a prorated basis for other professional services, including telephone conversations that last longer than 10 minutes, report writing, consultation with other professionals which you have authorized, or the time required to perform any other service which you may request of me.

My signature below indicates that I have reviewed and fully understand the information in this consent form. I agree to abide by the terms of this agreement, and I consent to participate in Family Therapy with Sheryl B. Hausman, Ph.D.

Signature of Client

Date

Signature of Client

Date