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### Consent for Psychotherapy

I give my voluntary consent to engage in psychotherapy with Sheryl B. Hausman, Ph.D. I understand that psychotherapy 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 consent to release 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.

The fee per 50-minute session is \$\_\_\_\_\_, due at the time of 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: \_\_\_\_\_