



P. ARMSTRONG, PH.D

Psychological Services
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(310) 613-0829
(310) 337-7333 fax

CONSENT FOR MINOR

I acknowledge and attest that I am the parent, custodial parent, or legal guardian to the minor listed below. I do hereby seek and consent to their taking part in this session with *Dr. Phyllis Armstrong* to ascertain their wishes as to the custody structure that will be considered in the future.

LIMITS ON CONFIDENTIALITY

The law protects the privacy of all communications between a patient and a psychologist. In most situations, a therapist can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPPA. There are some situations where a therapist is permitted or required to disclose information without either your consent or authorization.

- If you threaten to harm yourself, I may be obligated to seek hospitalization for you or contact family members or others who can help to provide you with some protection.
- If you are involved in a court proceeding, and a request is made for information about the professional services that you have been provided you and/or the records thereof, such information is protected by psychologist-patient privilege law. I cannot provide any information without your (or your legally-appointed representative's) written authorization, a court order, or compulsory process (a subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice (when required) and has stated valid legal grounds for obtaining PHI I do not have any grounds for objecting under state law (or you have instructed me not to object). If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.
- If a government agency, such as a HIPPA overseer, is requesting the information for health oversight activities pursuant to their legal authority, I may be required to provide it to them.
- If a client files a complaint or lawsuit against his/her therapist, I may disclose relevant information regarding that client for defense purposes.
- If a client files a Worker's Compensation claim alleging emotional instability or stress, information relevant to the claimant's condition must be disclosed to the Worker's Compensation insurer.

In addition, there are some situations in which I will be legally obligated to take actions, which I believe are necessary, to attempt to protect others from harm. At such time, information may have to be revealed about a patient's treatment.

- If I have knowledge of a child under 18 or reasonably suspects that a child under 18 has been victim of child abuse or neglect, the law requires that a report be filed with the appropriate government agency, usually the county welfare department. I may also make a report if it is known or reasonably suspected that mental suffering has been inflicted upon a child or that his or her emotional well-being is endangered in any other way (other than physical or sexual abuse or neglect). Once such a report is filed, I may be required to



provide additional information.

- If I observe or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if an elder or dependent adult credibly reports that he or she has experienced behavior including an act or omission constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, the law requires that it be reported to the appropriate government agency. Once such a report is filed, I may be required to provide additional information.
- If a patient communicates a serious threat of physical violence against an identifiable victim, I must take protective actions, including notifying the potential victim and contacting the police. Hospitalization of the patient may be sought or others, who can assist in protecting the victim, may be contacted.
- If I have reasonable cause to believe that a patient is in such emotional condition as to be dangerous to him or herself, he/she may be obligated to take protective action, including seeking hospitalization or contacting family members or others who can help provide protection.

If such a situation arises, I will make every effort to fully discuss it with you before taking action and will limit disclosures to what is necessary.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, it is important that you discuss any questions or concerns that you may have now or in the future with this therapist. In situations where specific advice is required, formal legal consultations may be needed.

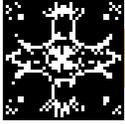
PROFESSIONAL RECORDS

You should be aware that I maintain both an electronic and a paper copy Clinical Record that includes information, as required by law and the Ethical Guidelines for Psychologists of the American Psychological Association, about your reasons you are being seen and the goals that were set. Except in unusual circumstances, in that disclosure would physically endanger you and/or others or makes reference to another person (unless such other person is a health care provider), you may examine and/or receive a copy of your Clinical Record, if you request it in writing. Because these are professional records, they can be misinterpreted by untrained readers. For this reason, it is recommended that you initially review the record in the presence of your therapist or have it forwarded to another mental health professional so that you can discuss the contents. The exceptions to this policy are contained in the attached Notice Form if I refuse your request for access to your Clinical Records, you have a right of review (except for information supplied confidentially by others) which will be discussed with you upon request.

In addition, I may also keep a set of Psychotherapy Notes. These Notes are for my own use and are designed to assist me in providing you with the best treatment. While the contents of Psychotherapy Notes vary from client to client, they may contain particularly sensitive information that you may reveal that is not required to be included in your Clinical Record pursuant to HIPPA. (They also include information from others provided to your therapist confidentially). These Psychotherapy Notes are kept separate from your Clinical Record pursuant to HIPPA. Your Psychotherapy Notes are not available to you and cannot be sent to anyone else without your written, signed authorization.

MINORS & PARENTS

Patients under 18 years of age, who are not emancipated, can consent to psychological series subject to the involvement of their parents or guardian unless the psychologist determines that their



Involvement would be inappropriate. A patient over the age of 12 may consent to psychological services if he or she is mature enough to participate intelligently in such services, and the minor patient either would present a danger of serious physical or mental harm to him or herself or others, or is the alleged victim of incest or child abuse. In addition, patients over age 12 may consent to alcohol and drug treatment in some circumstances. Emancipated minors under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records unless the therapist determines that access would have a detrimental effect on his/her professional relationship with the patient, or to his/her physical safety or psychological well-being. Because privacy in psychotherapy is often crucial to successful progress, particularly with teenagers, and parental involvement is also essential, it is usually my policy to request an agreement with minors (over age 12) and their parents about access to information. This agreement provides that I will only provide parents with general information about the progress of the treatment and the patient's attendance at scheduled sessions. Any other communication will require the child's Authorization, unless I feel that the child is in danger or is a danger to someone else, in which case, the parents will be notified of the concern. Before giving parents any information, I will discuss the matter with the child, if possible, and do my best to handle any objections the child may have.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS AND ALSO SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE RECEIVED THE HIPPA NOTICE FORM DESCRIBED ABOVE.

Minor Child's Name

Minor Child's Date of Birth

Minor Child's Name

Minor Child's Date of Birth

Client's (Or Parent/Guardian's) Signature

Printed Name

Date

Client's (or parent/guardian's) Signature

Printed Name

Date



Therapist

Printed Name

Date