

Smith Behavioral Health
Anne Smith, Ph.D.
Licensed Psychologist
4925 Greenville Ave Suite 200, Dallas, Texas 75206
Tel. 214-789-4768 Fax 214-485-1695
www.drannesmith.com

Consent for Service

Nature and Purpose of Service

I do hereby express my understanding that I am to receive psychological services provided by Anne Smith, Ph.D. and that the purpose of the service to be provided is individual therapy.

_____ I acknowledge that I am not on short-term disability or applying for long-term disability.

_____ I acknowledge that I am not on FMLA.

I was referred by: _____.

Limits of Service: I understand that psychology is an inexact science and that no guarantees are being made as to outcome or results.

Benefits and Risks of Service: It is expected that psychotherapy will have a positive impact on clients and their life goals. Benefits may include an improved ability to relate to others; a clearer understanding of self, values, and direction; decreased depression, confusion, anger, fear, or anxiety; increased academic and workplace productivity; and an ability to deal better with everyday stress. Clients may experience some temporary discomfort or unpleasant issues in therapy, though generally people feel better in the long run when they address these. Relationships with others may also change as clients explore themselves and their feelings and develop more effective ways to achieve desired qualities in their lives.

Limits of Confidentiality: The laws of the State of Texas require that most issues discussed during the course of therapy with mental health providers are confidential. These laws permit you to waive privilege of confidentiality by signing a "Release of Information" form. However, there are situations when your confidentiality is not guaranteed. These situations include the following. Please initial the lines below indicating your agreement with these limits of confidentiality.

_____ 1. When a court of law orders the release of information, I am bound by Texas law to comply with such an order

_____ 2. If you intend to harm yourself or someone else and verbalize this threat, I am permitted by law to notify the proper authorities, and you hereby grant me permission to do so

_____ 3. When I have reason to believe that a child, an elderly person, or a mentally disabled person is in danger of or is being physically, emotionally, or sexually abused, I am obligated by Texas law to report this knowledge to the proper authorities

_____ 4. Confidentiality does not extend to criminal proceedings. If a client becomes involved in criminal proceedings, the client's file may become open for court inspection

_____ 5. If you are a minor, your parent(s) are the holders of confidentiality. In other words, everything a minor tells a psychologist can be told to the parent(s). However, in order to work most effectively with a minor, I request that the parent(s) allow me to determine what I will disclose to them. If your parent(s) agree, I will inform your parent(s) only of any life threatening activity. In that event, all other information discussed by you with me in counseling will be kept confidential.

_____ 6. I may be required to disclose certain information regarding your diagnosis, prognosis, or treatment to third party payers such as health insurance providers, EAPs, HMOs, and PPOs in order to secure insurance payments from these providers.

I HAVE READ AND UNDERSTAND THE INFORMED CONSENT

Patient's Name: _____

Patient's Signature: _____

Date: _____