

Lisa A. Keller, Psy.D.

LICENSED PSYCHOLOGIST #PSY19547

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## INFORMED CONSENT

**Patient Name:** \_\_\_\_\_

**Confidentiality:** All information that is disclosed in the process of clinical interviews, psychological testing and psychotherapy sessions is strictly confidential. All information gathered in this process will not be subject to release to any outside parties unless your written authorization to release such information is given. There are however several exceptions to confidentiality based on "Mandated Reporter Laws" in the state of California, which were established for safety when there is "Reasonable suspicion that an individual at risk".

The following are situations in which Dr. Keller would breach confidentiality include:

- Suspected child abuse or neglect, a child witnessing domestic violence, and certain situations involving sexual activity between minors.
- Suspected elder abuse, neglect, and financial undue influence or duress.
- Suspected dependent adult abuse, neglect, and financial undue influence or duress.
- A threat of harm to a specific individual by another person which involves a legal mandate to warn the police and the individual at risk.
- A threat of self-harm involving potential suicide, self-mutilation or when an individual is gravely disabled limiting their ability to self-care.
- Court order to release privileged information issued by a local, state or federal judge.

I have read and understand the information herein. Dr. Lisa Keller has also verbally explained this information to me in a manner that I fully understand. I therefore understand the boundaries of confidentiality and I willingly consent to services for myself and/or my legal dependent.

Patient/Legal Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_