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Confidential Consent for Treatment

The meetings between a patient and psychotherapist are confidential and legally privileged. Your identity (or that of your child or guardian) will not be disclosed except under the following circumstances:

The records of our meetings will be kept confidential and will not be released to anyone without your written consent, except in the case of an emergency, for the purposes of securing third party payment, or as permitted or required by law.

By law, in an emergency situation in which I have reason to believe that you may be a danger to yourself or to others, or are gravely disabled, I am allowed to disclose whatever information I believe is necessary to preserve the safety of those concerned.

By law, I must release information if you communicate a serious threat of violence against someone, if I am led to believe that a child or an elder or dependent adult is being abused, or when your records are required to be released as evidence in a legal proceeding.

In couples and family therapy, or the treatment of a minor, confidentiality and privilege do not apply between the couple or among family members. I shall use my clinical judgment when deciding whether to reveal information to participating family members or to parents of a child in treatment.

Psychotherapy, one of a range of approaches available for addressing psychological concerns, may not resolve the difficulties with which you are concerned, and may result in changes that were not originally intended. You should be aware that treatment can, at times, be emotionally painful or disruptive, but this does not necessarily mean it is not working. Change is typically slow and difficult, and benefits are expected to occur with regular attendance over time. If at any time you wish to have another professional opinion, or to seek treatment elsewhere, I can refer you to other qualified professionals. You are free to discontinue the therapeutic relationship at any time. I also reserve the right to discontinue treatment, with appropriate notice.

Once we have agreed to meet and an hour is reserved for you, you are responsible for payment. Planned absences can usually be accommodated with at least 7 days notice. Payment is to be made in full at the time of each session unless other billing arrangements have been made. In the event of legal proceedings requiring me to provide documentation of treatment, including treatment summaries, to sit for depositions, or to testify in court, including transportation and waiting time, I shall be reimbursed at 150% of my regular hourly fee (\$185.00).

In the event of an immediate crisis or emergency, you should call your local Psychiatric Emergency Service (PES), or the nearest hospital emergency room, or 911 for help.

X: _____ Date: _____

I voluntarily consent for psychotherapy consultation, evaluation, and/or treatment and agree to comply with the above. I have read and hereby agree to abide by the terms of the HIPPA disclosure document.