

JAMES R. DAVID, Ph.D.

CORPORATE PEOPLEMAP™ TRAINING, PERSONAL & BUSINESS COACHING,
INDIVIDUAL & COUPLES PSYCHOTHERAPY

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PATIENT'S/CLIENT'S INFORMED CONSENT

I have chosen to receive treatment services from James R. David, Ph.D. My choice has been voluntary and I understand that I may terminate therapy at any time.

I understand that there is no assurance that I will feel better. Because psychotherapy is a cooperative effort between me and my therapist, I will work with my therapist in a cooperative manner to resolve my difficulties.

I understand that during the course of my treatment, material may be discussed which will be upsetting in nature and that this may be necessary to help me resolve my problems.

I understand that records and information collected about me will be held or released in accordance with state laws regarding confidentiality of such records and information.

I understand that state and local laws require that my therapist report all cases of abuse or neglect of minors or vulnerable adults.

I understand that state and local laws require that my therapist report all cases in which there exists a danger to self or others.

I understand that there may be other circumstances in which the law requires my therapist to disclose confidential information.

I understand that I may be contacted by Dr. David to ensure continuity and quality of my treatment and/or after the completion of treatment, to assess the outcome of treatment.

I have read and had explained to me the basic rights of individuals undergoing psychotherapy as listed below:

1. The right to be informed of the various steps and activities involved in receiving services.
2. The right to confidentiality under federal and state laws relating to the receipt of services.
3. The right to humane care and protection from harm, abuse, or neglect.
4. The right to make an informed decision whether to accept or refuse treatment.

I have read and understand the above.

Signature of Patient/Client

Date

Signature of Parent, guardian, conservator
or authorized representative (when required)

Date

Signature of Witness

Date