

ADDENDUM:

Confidentiality:

Information shared with a psychologist is kept strictly confidential and is not disclosed without your written permission. However, confidentiality is not guaranteed in the following cases (a) you are a danger to yourself or others (e.g., homicide or suicide), or (b) situation in which children are endangered (e.g., _____ lect).

Physician Contact:

Physical and psychological symptoms often interact, and we encourage you to seek medical consultation if warranted. In addition, medication may sometimes be helpful for psychological disorders. When appropriate, referral for psychiatric consultation can be arranged.

Freedom to Withdraw:

You have the right to end therapy at any time and are obligated only to pay for completed sessions. If you wish, Dr. Buckley will provide you with names of other qualified psychotherapists.

Informed Consent:

I have read and understood the preceding statements, have had the opportunity to ask questions about them, and agree to begin treatment with Dr. Buckley.

_____ Individual psychotherapy

_____ Marital and/or family therapy

_____ Group therapy

_____ Hypnosis

Name _____ Date _____