

MARILYN RAND, PH.D., M.F.C.C.
19634 VENTURA BOULEVARD SUITE 325
TARZANA, CALIFORNIA 91356
TELEPHONE 818 – 774 – 0660

CONSENT FOR TREATMENT

CASE NAME _____

DATE OF BIRTH _____

COUNSELOR _____

I give permission to _____ to provide counseling and psychotherapy to me.

I understand that all communication between me and the therapist is both privileged and confidential. This means the counselor/therapist cannot discuss my case orally or in writing without my express written permission.

In some cases, the California courts have held that if an individual intends to take harmful or dangerous action against another individual, it is the counselor/therapist's duty to warn the person and/or the family of the person who is likely to suffer the results of harmful behavior.

Similar actions are taken with clients/patients who may have suicidal thoughts and desires.

Every effort will be made to resolve these issues before such a violation of confidentiality takes place. Every effort will be made to prevent an attempted suicide or a dangerous action against another person.

Signature of Client/Patient

Date

Printed Name of Client/Patient

Witness/Title