**Laurie Leventhal-Belfer, Ph.D.**

**4275 Los Palos Ave. Palo Alto, CA 94306 Licensed Psychologist PSY 13235**

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**NPI 45-2445274**

**Adult Procedures and Service Agreement**

**Confidentiality of E-mail, Cell phone and Fax Communication:** E-mail and cell phone communication can be relatively easily accessed by unauthorized people, compromising the privacy and confidentiality of such communications. E-mails are especially vulnerable because they make several hops across computers on Internet servers and e-mail providers. Faxes can easily be sent erroneously to the wrong address. Please notify me at the beginning of treatment if you would like to avoid or limit in any way the use of any or all of these communication devices. Please do not use e-mail or faxes for emergencies.

**Litigation Limitation:** Due to the nature of the therapeutic process which involves making full disclosure of private and confidential matters, it is agreed that should there be a legal proceedings (such as but not limited to divorce or custody disputes, injuries, lawsuits, etc.) neither you nor your attorney nor anyone else acting on your behalf will call on me to testify in court or at any proceeding, nor will a disclosure of psychotherapy records be requested.

**I have carefully read the preceding Office Policies and General Information and Agreement for Psychotherapy Services. I understand them and agree to comply with them.**

**Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapist: Laurie Leventhal-Belfer, Ph.D. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**