

Laurie Leventhal - Belfer, Ph.D.



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CONSENT FOR ADULT PSYCHOLOGICAL SERVICES

I authorize Dr. Laurie Leventhal - Belfer to see me for psychological evaluation and/or treatment. In authorizing these services I understand that:

1. During the evaluation Dr. Leventhal - Belfer will select evaluation tools (such as formal tests, interview or other assessment) in light of referral questions and will inform me of the nature and purpose of the assessment tools to be used. At the end of the evaluation she will meet with me to share the results of the evaluation and any recommendations about my need for further services. Dr. Leventhal-Belfer will describe the results in sufficient detail so that I have a good understanding of the assessment.
2. If I need psychological treatment, Dr. Leventhal - Belfer will explain the nature and the goals of psychotherapy and the estimated length of the treatment. To protect my privacy, she will not share the actual content of the therapy unless I have agreed that specific information can be shared or when legally mandated.
3. The information obtained during the course of my evaluation and treatment is confidential and will not be shared with others without my consent. The only exceptions are in the case of a court order or if there is a concern about my safety or the safety of others. If it should be necessary to release information in these exceptional circumstances, every reasonable effort will be made to discuss the situation with me prior to the release of information.
4. I can contact Dr. Leventhal - Belfer whenever I have questions about my treatment.

Date

Signature of Adult Client