

David J. Frankel, Ph.D.
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Adult, Child and Family Therapy
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CONSENT FOR TREATMENT OF A MINOR

This is to certify that we give permission to David J. Frankel, Ph.D. to provide psychotherapy for us and for our children, or children for whom we are the legal guardians.

The Process of Psychotherapy:

We and our children will be treated with respect and honesty throughout treatment. We are expected to benefit from treatment, but there are no guarantees. Outpatient psychotherapy does not have significant risks. Maximum benefits will occur with regular attendance, but we understand that we may feel temporarily worse while in treatment. Attempting to resolve issues that brought us to therapy may result in changes that were not originally intended. Change will sometimes be easy and swift, but more often it will be slow and frustrating.

We understand that if we can benefit from any treatments Dr. Frankel cannot provide, he will assist us in obtaining those treatments. At some time from the first to the third meeting, Dr. Frankel will assess if he can be of benefit to us. Dr. Frankel will not take clients whom, in his opinion he cannot help. In such a case, at the end of the meeting, he will give us referrals we can contact. If at any time we wish another professional's opinion, Dr. Frankel will assist us in finding someone qualified to do this. Psychotherapy never involves dual relationships. We understand that we have the right to terminate the therapeutic relationship at any time without fault. If we choose to do so, we understand that Dr. Frankel can provide us with names of other qualified professionals. Should we have any complaints or questions regarding the practice of psychology in the State of California, we understand that we can contact the Department of Consumer Affairs. Their phone number is: 800-633-2322 or 916-263-2424. We can also contact them in writing at the following address: Department of Consumer Affairs, Allied Health Complaints, 1430 Howe Avenue, Sacramento, CA 95825.

Confidentiality:

We understand that while under most circumstances all communication between the client and the therapist is confidential, California State Law mandates the reporting of actual or suspected child or elder abuse to the appropriate agency. We understand that it has also been upheld that if an individual intends to take harmful or dangerous action against another, it is the therapist's duty to warn the person, or the family of the person, who is likely to suffer the results of harmful behavior. Similar actions are taken with clients who may have suicidal thoughts and desires, or become gravely disabled. Every reasonable effort will be made to appropriately resolve these issues or to notify us before such a compromise of the client - therapist relationship is made.

We agree that should there be legal proceedings, neither us, nor our attorney nor anyone else acting on our behalf will call on Dr. Frankel to testify in court, or at any other proceedings, nor will a disclosure of psychotherapy records be requested. Nonetheless, disclosure of therapeutic communication may be required in the course of a legal proceeding. We understand that on our request, Dr. Frankel may release information to an agency or person we specify unless Dr. Frankel assesses that releasing such information might be harmful in any way.

In couples and family therapy, confidentiality and privilege do not apply between the couple or among family members. We understand that Dr. Frankel will use his clinical judgement when deciding whether to reveal information between family members. We understand that in conducting individual psychotherapy with an adolescent or child, Dr. Frankel may elect to keep the contents of the psychotherapy confidential from the adolescent or child's legal guardian.

Fees:

We understand that unless otherwise negotiated, the standard rate for a 50 minute psychotherapy session is 240.00. This fee is higher for inpatient consultation. We understand that this fee must be paid either at the end of each session, or at the end of the month unless other arrangements have been made. We understand that an interest rate of 1.5 percent per month will be charged on all overdue balances. We understand that a collection agency or the legal system may be utilized to obtain payment of any bills we may accrue. We understand that we will be financially responsible for all costs associated with collecting overdue balances we may accrue. We are financially responsible for this treatment and for any balance not covered by our insurance carrier.

Cancellation:

I understand that I am liable for the full fee for a scheduled session, should I not attend the session and fail to cancel the appointment 24 hours in advance.

Telephone and Emergency Procedures:

I understand that Dr. Frankel’s office number is 415-927-7067. Dr. Frankel does not generally use email for emergencies and clinical advice. Dr. Frankel is not always immediately available by telephone. I understand that I should contact either the Police at 911, or my local crisis unit in the event of an immediate crisis or emergency. A copy of this authorization shall be considered valid.

Signed: _____

Date: _____
(Minor)

Signed: _____

Date: _____
(Parent or Legal Guardian)

Signed: _____

Date: _____
(Parent or Legal Guardian)

Signed: _____

Date: _____
(Therapist)