Cynthia Peikoff, LCSW, BCD
Psychotherapist LCS20875
4000 Barranca Parkway, Suite 250
Irvine, CA 92604
Tel (949) 733-1440

Consent for Treatment

In signing the form below, I give permission to the above named therapist to provide counseling and psychotherapy to me.

I understand that, according to California law, communication between a client and her/his therapist is both privileged and confidential. This means the therapist/counselor cannot identify a client by name while discussing information about the client, orally or in writing, without the client's express written permission.

There are some situations, however, in which California law has mandated that confidentiality may or must be broken:

- If a client is a danger to him/herself or to others, the legal protection of confidentiality is no longer in effect. The therapist is required to warn a potential victim, the police, or the family of the client who intends to harm her/himself.
- If there is reasonable suspicion of child abuse, the therapist must report this to designated authorities.
- Any reasonable suspicion of abuse of a dependent elder must be reported by the therapist to designated authorities.
- There are specific legal situations in which privilege is waived. For example, to establish competence, to determine sanity, or when the therapist asserts the privilege, but is ordered by a judge to testify.

In signing this form below, I acknowledge that I have read the above and understand my therapist's ethical/legal responsibility to make such decisions when necessary, either during the course of my therapy work with the above named therapist or after the termination of my therapy. I understand that I may obtain a copy of this form at my request.

Your signature: _____**Date**:_____

Spouse's signature: _____Date:_____

Therapist signature: _____Date:_____