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PSYCHOLOGICAL SERVICES CONTRACT

PROFESSIONAL RECORDS The laws and standards of my profession require me to keep treatment records. You are entitled to receive a copy of them, unless I believe that reading them would be emotionally damaging, in which case I will be happy to send them to a mental health professional of your choice. Because these are professional records, they can be misinterpreted and/or upsetting to untrained readers. I recommend that you review them in my presence so that we can discuss the contents.

MINORS If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is my policy to request an agreement from parents that they agree to give up access to your records. If they agree, I will provide them only with general information about our work together, unless I feel there is a high risk that you will seriously harm yourself or someone else. In this case, I will notify them of my concern. I will also provide them with a summary of your treatment when it is complete. Before giving any information, I will discuss it with you, if possible, and do my best to handle any objections you may have with what I am prepared to discuss. [At the end of your treatment, I will prepare a summary of our work together for your parents, and we will discuss it before I send it to them.]

CONFIDENTIALITY In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission, but there are a few exceptions: In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child or an elderly or disabled person] is being abused, I must file a report with the appropriate state agency. California law requires me to take protective actions if I am contacted by a family member indicating that my patient has threatened serious bodily harm to someone. I must notify the potential victim, contact the police, or seek hospitalization for the patient. If a patient threatens to harm himself/herself, I may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. These situations have rarely occurred in my practice. If this effects you, I will make every effort to fully discuss it with you before taking any action. While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, please freely discuss any concerns about it . Your signature below indicates you agree to abide by the terms of this contract.

PrintName _____ Signature _____
Date _____
Birthdate _____ SSN _____
Address _____
City _____ State _____
Zip _____
Phone # _____

RELEASE FOR INSURANCE CLAIMS:

I, _____ <name>
_____ <signature> authorize release of any medical information or other information
necessary to process insurance claims and assign payment of benefits to Dr.Sandra L.. Ceren