A. Raja Hornstein, PsyD

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SUITE 310
SAN RAFAEL, CA 94901-2143

Consent to Treatment of Minors and Acknowledgement of Receipt of the Notice of Privacy Practices

Minor's Name:

Assent to Treatment:

I acknowledge that I have received, have read (or have had read to me), and understand Dr. Hornstein's "Office Policies and General Information," "Treatment Information for Minors," "Patients Bill of Rights," and any other information suggested by Dr. Hornstein about the therapy I am considering. I have had the opportunity to discuss my concerns with Dr. Hornstein and all my questions have been answered to my satisfaction. I do hereby seek and assent to take part in treatment with Dr. Hornstein, and my parents/Guardians will also sign and consent to this treatment

I am aware that there are both possible benefits and risks that may result from this treatment. I understand that no promises have been made to me as to the results of treatment or of any procedures provided by Dr. Hornstein. I understand that therapy can be a way to work on concerns relevant to me and my parents or caretakers, and that part of successful treatment includes being open and honest with Dr. Hornstein.

I understand that Dr. Hornstein will make every effort to be clear about my privacy and will share general information with my parents or caretakers, such as whether I attended sessions and if I appear to be participating in treatment. Unless issues of child abuse, wanting to hurt myself or others, or very risky behavior come up in therapy, Dr. Hornstein will keep the specifics of therapy private. I understand that in court proceedings, the confidentiality of my treatment may be limited. Due to the complexity of the issues that arise in treatment, I agree that I will not ask Dr. Hornstein to testify in a court proceeding on my behalf. Sometimes Dr. Hornstein and I may agree to involve my parents or caretakers in treatment, or to consult with them to get more information. I am aware that it is legal in California for parents or caretakers to access your treatment records.

I am aware that I may stop my treatment with Dr. Hornstein at any time with my parent's/Guardian's consent. The only thing I, or they, will still be responsible for is paying for the services I have already received. I agree that I will not hold Dr. Hornstein responsible for any of the consequences that might result if I stop treatment, for example, but not limited to, any legal consequences if my treatment was court-ordered.

I know that I must call to cancel an appointment at least 2 business days (48 hours) before the time of the appointment. If I do not cancel and do not attend, I will be charged for that appointment unless Dr. Hornstein agrees that my absence was due to cirucmstances beyond my control.

I am aware that an agent of any third-party payer may be given information about the type(s), cost(s), date(s), and providers of any services or treatments I receive. I understand that I am fully responsible for the payment of the agreed upon fee for treatment if there is no contracted fee with a third-party payer, and that continuation of treatment is dependent on payment.

I understand that I, or my parents/Guardians may lodge complaints about my treatment with the California Board of Psychology or with the Ethics panel of the American Psychological Association.

My signature below shows that I understand and agree with all of these statements.

Signing below indicates that I have reviewed the policies described above and understand the limits to

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calligraphy
xin: heart/mind

confidentiality. If I have any questions as we progress with therapy, I can ask Dr. Hornstein at any time.

Minor Signature _____ Date_____

Parent/Guardian: ***Initial*** the points below and include your signature at the bottom to indicate your consent to treatment and your agreement to respect your child's privacy:

_____I will refrain from requesting detailed information about individual therapy sessions with my child. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

_____Although I know I have the legal right to request written records/session notes since my child is a minor, I agree NOT to request these records in order to respect the confidentiality of my child's treatment.

_____Although understand that I will be informed about situations that could seriously endanger my child. I know this decision to breach confidentiality in these circumstances is up to the therapist's professional judgment.

Parent Signature _____ Date_____

Parent Printed Name_____

Parent Signature _____ Date_____

Parent Printed Name_____

Acknowledgement of Receipt of the Notice of Privacy Practices:

I acknowledge that I received a copy of the current Notice of Privacy Practices of Dr. Hornstein. I am aware that Dr. Hornstein has the right to change the Notice of Privacy Practices and that any changes will apply to my records retroactively. I understand that I have a right to a copy of any changes of the Notice of Privacy Practices. I understand my right to lodge complaints about violations of the Privacy Rule of HIPAA or of Dr. Hornstein's Notice of Privacy Practices.

Minor Signature _____ Date_____

Parent Signature _____ Date_____

Parent Signature _____ Date_____

Therapist Agreement

I, the therapist, A. Raja Hornstein, PsyD, have discussed the issues above with the client (and/or, if necessary, his or her parent, guardian, or other representative). I agree to conduct my treatment with the client according to the relevant federal and state laws and to the ethics code of the American Psychological Association. I agree to protect the confidentiality of the treatment as fully as possible within the constraints of the law.

My observations of this person's behavior and responses give me no reason to believe that this person is not fully competent to give informed and willing consent.

Therapist Signature _____ Date_____

❑ Copy accepted by client

❑ Copy kept by Dr. Hornstein

This is a strictly confidential patient medical record.

Redisclosure or transfer is expressly prohibited by law.