

Heather A. Hopper, Ph.D.
Licensed Psychologist
Informed Consent for a Collateral Visit

You are being invited to participate in a therapy session for the benefit of a friend/family member. This does not extend to you the relationship of a client/patient – psychologist between yourself and Heather Hopper Ph.D.

You do not have any rights to records I may make regarding this session. You do not have any rights to records or privileged information regarding your friend/family member beyond what s/he chooses to share with you at the time of the session.

My intent is to maintain confidentiality of what you say in the session to the extent possible. However, if I believe that you are a risk of danger to yourself or to someone else, I am obligated by law to share information to maintain safety. Also, if presented with appropriate legal paperwork I may be obligated to share records.

Acknowledgement

Your signature below indicates that you have read and understand the information in this document. You are welcome to request a copy for your records.

Printed Name

Signature

Date