

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 they choose 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 to outsiders. 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. Anything you say in session is accessible to the identified client/patient, who has legal right to their own medical record.

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