

Jane Ellen Shatz, Ph.D., APC
881 Alma Real Drive
Suite 220
Pacific Palisades, California 90272

CONSENT FOR MEDIATION

I, _____ give my consent for mediation with Jane Ellen Shatz, Ph.D.

There is a 48-hour cancellation policy. If Dr. Shatz is not contacted within 48 hours, the full scheduled session will be charged.

CONFIDENTIALITY

In general, the privacy of all communications between the parties and the mediator is protected, and the mediator can only release information about their work to others with your written permission. The parties agree that all oral and written communications, work analysis, agreements by, with, or through the mediators, are part of and shall be deemed to be settlement negotiations and shall be inadmissible in any court of law, without the written consent of both the mediators and the parties. Any temporary agreements are confidential. There are, however, the following exceptions to confidentiality.

- If there is evidence of clear and imminent danger of harm to self and/or others, a therapist is legally required to report this information to the authorities responsible for ensuring safety.
- Only mediation agreements signed by both parties are public and not part of the confidential communication and documents in the mediation
- From time to time I will be consulting with another mediation professional about your case and other cases I see. In these instances, I will be revealing confidential information, but my consultant is legally bound to keep your confidentiality and will not reveal any identifying information about you or anyone else that I discuss with the consultant.

The parties agree not to call or subpoena the mediator to testify at any court proceeding, nor to produce any document obtained or prepared from any mediation session without the prior written authorization of both parties. If either party issues a subpoena regarding the mediator or his or her documents, that party shall pay the mediator his or her current hourly rate for all hours expended and shall pay all reasonable attorney fees of the other party in respect to the response, compliance, or resistance of said subpoena.

PATIENT SIGNATURE _____

DATE _____