

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

CONSENT FOR CONSULTATION

I, _____ give my consent for consultation 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 a patient and a psychologist is protected by law, and the psychologist 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 professionals, 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 professionals 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 agreements signed by both parties are public and not part of the confidential communication and documents in the session.
- From time to time Dr. Shatz will be consulting with another mental health professional about your case and other cases she sees. In these instances, she will be revealing confidential information, but the professional is legally bound to keep your confidentiality and will not reveal any identifying information about you or anyone else that she discuss with the professional.

If either party issues a subpoena regarding the psychologist or her documents, that party shall pay Dr. Shatz 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. By signing this, I agree that Dr. Shatz will only testify as an expert witness if called to testify on behalf of your case.

PATIENT SIGNATURE _____

Date _____