

Howard P. Goodman, LMFT

Psychotherapist

Marriage Family Therapist, MFC # 46896

CONSENT FOR TREATMENT

This is to certify that I give permission to Howard P. Goodman, MFT to provide psychotherapy treatment **for myself (and/or my children)**.

Confidentiality: Under most circumstances all communication between the client and the therapist is confidential, unless permission is given by the client to convey information to a third party. There are certain exceptions to this: 1) California state law mandates the reporting of actual or suspected child abuse, elder abuse or dependent adult abuse to the appropriate agency; and 2) it has been held that if individuals intend to take dangerous or harmful action against themselves or others, it is the therapist's duty to warn the person (or the family of the person) likely to suffer the results of the harmful behavior and to take protective action if there is imminent danger. Before such disclosure is made, every reasonable effort will be made to appropriately resolve these issues or to notify the client. I understand I have a right to terminate the therapeutic relationship at any time that I should desire without fault.

Signature of client or client's parent

Date

Printed name