

MATTHEW J. SULLIVAN, Ph.D.
Clinical Psychology

Fax # (650) 813-9771
Ca Lic# Psy10214

417 Tasso St. Palo Alto, CA 94301
(650) 326-2004

Consent to Coparent Counseling

This form is the written expression of my voluntary consent to engage in Coparent Counseling. We understand that the process is a joint effort and that results cannot be guaranteed. I understand that I may withdraw from treatment at any time.

Treatment is confidential and unless I consent to release information will not be disclosed to anyone. The following circumstances, however, are exceptions. I have been informed that under California statutes: a) if a patient communicates to a therapist a serious threat to harm an identifiable person, the therapist must warn that person and the police; (b) if the therapist suspects child abuse or neglect, or abuse of a dependent adult or of a person over the age of 65, a report must be made to the appropriate agency; and (c) if a patient seems dangerous to self or other, or is unable to care for him or herself, hospitalization may be required.

Further, we understand that information and records otherwise confidential and/or testimony concerning my family or me must be provided in the event of a court order demanding it. Also, in litigation or official proceedings, information and records otherwise confidential and/or testimony concerning my family and me may have to be provided in limited circumstances without my specific consent in accordance with the law.

We understand that Dr. Sullivan will provide letters to the parents that will document agreements that they make in the course of our work together. We understand that we may seek to enter these agreements as Court orders, but this will not be a part of the coparenting process.

The fee per 50-minute session is \$300.00, due at the time of the service. I agree to give 24 hours notice when canceling a session; and without such notice, I agree to pay in full for the session missed.

After discussing this agreement with Dr. Matthew J. Sullivan, Ph.D., I consent to enter coparenting work.

Signature: _____/Date: _____

Signature: _____/Date: _____

