

Stephanie Shaffer, LCSW

LCS # 27326
43460 Ridge Park Dr.
Suite 200
Temecula, CA 92590

CLIENT'S INFORMED CONSENT

I _____ have chosen to receive psychotherapy and/or psychosocial counseling services from Stephanie Shaffer, LCSW.

I understand that during the course of my psychotherapy and/or psychosocial counseling, material may be discussed which may be upsetting in nature and that this may be necessary to help me resolve my problems, I also understand that there is no assurance that I will feel better.

I understand that confidentiality of such records and information collected about me will be held or released in accordance with applicable federal and state laws regarding confidentiality of such records and information.

I understand that state and local laws require that my therapist report all cases in which there exists a danger to self or others, or physical or sexual abuse or neglect of minors or the elderly.

I have read and had explained my basic rights of participating in this program. These include:

- The right to be informed of the various steps and activities involved in receiving services.
- The right to confidentiality under federal and state laws relating to the receipt of services.
- The right to humane care and protection from harm, abuse or neglect.
- The right to make an informed decision whether to accept or refuse treatment.

I have read and understand the above.

Client Signature (Client's Parent/Guardian if under 18)

Date