

Who Should Sign this Form

This form must be signed by the patient or, if the patient is a minor (under the age of 18 years), it must be signed by a parent/guardian who has legal custody or guardianship.

Conflict of Interest

If you are familiar with Dr. King from any other setting or have reason to believe a conflict of interest exists, please call this to Dr. King's attention immediately. If a conflict exists and cannot be resolved, Dr. King will help you find another mental health provider.

Dr. King's Specialties and Methods

Dr. King specializes in the diagnosis and treatment of childhood disorders. Treatment approaches include behavioral and cognitive-behavioral interventions which are prescribed for use in the home, community, and school. Parents or guardians are directly involved in the treatment plan. Dr. King also treats adults who are experiencing mild-moderate mental health disorders that impact parenting capacity.

Unless otherwise arranged, appointments will last 45-50 minutes. Dr. King may experience delays due to unforeseen circumstances. Please be prepared to be in the office 60-80 minutes.

You are encouraged to ask questions about any aspect of your work with Dr. King, especially procedures recommended for use outside the office. You should not use any procedures you do not understand or are uncomfortable using. Do not hesitate to contact Dr. King by telephone between sessions if you have questions or concerns.

The treatment provided by Dr. King may not help everyone she sees. If, after treatment begins, Dr. King believes she is not the best provider to address a patient's concerns, she will discuss this with the patient or the patient's parent/guardian and help identify another provider who might be more appropriate.

Should you feel your time spent in treatment is not beneficial, please do not hesitate to discuss this with Dr. King. She will discuss possible adjustments or help you find a provider who might be more appropriate for your needs.

Please place your initials here to indicate you read this page: _____

Confidentiality

Dr. King will keep information revealed by you during sessions confidential and will not reveal that information to any other person or entity without your written permission, except as outlined in the **Notice of Psychologists' Policies and Practices To Protect the Privacy of Your Health Information (Notice)**, a document you are being asked to read along with this form. This document contains important information about how your protected health information can be used and disclosed *with your consent* for treatment, payment, and health care operations. It discusses how your protected health information can be used or disclosed for other purposes *only with your written authorization*. In addition, the *Notice* discusses the situations in which Dr. King is required by law and/or ethical code to reveal to persons or entities information about you which was obtained during sessions *without your consent or authorization*.

You are urged to respect the privacy of other patients by not disclosing their identities or any other information about them which you may incidentally learn due to your presence in Dr. King's office. Confidentiality is encouraged in all marital, family, couples and group therapy sessions. However, be aware other participants are not legally bound to maintain confidentiality.

Your signature below acknowledges you have either received the Notice described above or read the form on Dr. King's web site. Your signature indicates you have read and understood to your satisfaction the information in this document and the Notice. Your signature indicates you give your consent for evaluation and treatment. You further give your consent for Dr. King to use or disclose your protected health information for treatment, payment, and health care operations purposes.

Name of patient

Birth Date

Signature of patient or parent/guardian

Date signed