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CONFIDENTIALITY AGREEMENT

As a patient, you are the holder of the privilege of confidentiality. This means that what you tell us in psychotherapy must be held in confidence. We are not permitted to discuss your case with anyone without your expressed written consent. There are, however, exceptions to this privilege, which are specific in nature and required by law and ethics that we disclose:

1. If you are being seen by an MFT Intern, Please note that Dr. Berkowitz will supervise your therapist, and Dr. Berkowitz will review your records from time to time.

2. Your right to confidentiality is forfeited if you become a danger to yourself or others. (a) This means that should you become suicidal and advise us or, in our professional judgment, we assess a high suicide risk, we must act to protect you by calling necessary personnel to assist in keeping you safe. This might include family members or close friends if necessary. It may include hospitalization. (b) If by your own admission, you report a serious intent and/or plan to harm a named individual, we are mandated to report that to the police and to the intended victim. (c) If, in the course of your treatment, your report sexual or physical abuse of a child, we must report this to the Department of Children and Family Services, who then acts to protect the child. (d) If you report your own sexual abuse as a child and the perpetrator still has access to children by virtue of family or profession, we are mandated to report the name and address of that person to the Department of Children and Family Services in California or its equivalent agency, if outside the State of California. (e) If you place your mental status at issue in a court of law, your records may be disclosed.

3. If our records are subpoenaed by a Court Order from a Judge, your records may be disclosed. Please note that this does not pertain to subpoenas from attorneys or any other parties, only a court appointed judge or commissioner under court order. Such subpoenas are often the result of a lawsuit in which your mental health records are considered pertinent.

4. As a licensed psychologist, it is possible that at some time, your file may be reviewed by the a member of the Board of Psychology. For any files reviewed, all personally identifying information is removed and only backwards initials used. Treatment shall not be affected and all HIPPA regulations will be maintained to ensure the highest level of your Confidentiality.

Please sign, date and retain a copy of this agreement for your records.

Signature

Print Name

Date