

I _____ (Print name)
voluntarily want to be in psychotherapy with Cressida Forester, Psy. D., a licensed
psychologist in the State of California.

I understand that records concerning my treatment will be retained. Such data will be kept
confidential according to California and Federal law. No information about me will be
released to any agencies or persons without my written consent, except in the case of a medical
emergency or as permitted by law. This includes even the fact that I am in treatment.

What is discussed in therapy is confidential, unless and until I give consent to its release, with
two exceptions: My psychotherapist will need, and is compelled by law to inform appropriate
other persons if 1) she believes that I am in danger of hurting myself or someone else, and 2) if
there is reasonable suspicion that a child, dependent adult, or elderly adult is being abused.

I agree that I will not ask Dr. Forester to provide any information about me or my
psychotherapy for use in case of custody, divorce or similar legal proceedings.

I understand that the fee is to be paid at each session unless clear alternative payment
arrangements are made. I understand that if I cancel, or miss an appointment without giving
forty-eight hours notice, I must pay for the time I have reserved; if I am late I must still pay for
the full session.

I have read the above and understand it and agree to the terms stated. I understand that I can
withdraw my consent and terminate my treatment at any time. That revocation will be binding
on Cressida Forester unless she has already relied on this Agreement to take action, or if I have
not paid my bill in full.

Signed

Date

Cressida A. Forester, Psy. D.

Licensed Psychologist, Psy 18902

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