

NIDZA CLARKE, MS

Licensed Marriage Family Therapist #80430
Adolescents, Individuals, Couples and Family
1151 Broadway, Suite 203
Sonoma CA
(415) 722-4664

Consent for Treatment

I/We give consent for _____ (self, family, and/or child) to participate in counseling services with Nidza Clarke, LMFT #80430.

I understand that the Confidentiality Policy is as follows:

All information disclosed within sessions, including that of minors is confidential and may not be revealed to anyone without written permission except where disclosure is permitted or required by law. Disclosure may be required for the following circumstances:

1. When there is a reasonable suspicion of child abuse or abuse to a dependent or elder adult.
2. When the client communicates a threat of bodily harm or injury to others.
3. When the client is suicidal or threatening to hurt him/herself.
4. When disclosure is required pursuant to a legal proceeding.

I have read and understood these policies, and agree to them:

Name (printed)

Signature

Date of Birth

Date
