

**Nancy Eldredge, Ph.D., C.S.C.**  
**Psychologist**

**Client's Informed Consent**

- You have the right to hear about your rights and about your treatment in language you can understand.
- You are entitled to a copy of your rights.
- You deserve to hear about the prices before we start.
- You can refuse treatment at any time.
- Treatment that is appropriate for one person may not be appropriate for another. However, your access to treatment is not going to be limited by anything like your gender, race, age, handicap, national origin, etc.
- If you need something I don't provide, I'll provide you to someone else.
- Your freedom is not going to be restricted unless you pose a serious danger to yourself or others.
- Although treatment might occasionally be very difficult or unpleasant, it should never be harmful, abusive, or excessively dangerous.
- Your privacy is very important. We will work to protect it and will not require you to do anything that will blatantly violate your own privacy.
- Your records will be held confidential unless a specific reason or permission allows for records to be shared.
- Together we will devise a treatment plan especially for you. We will keep it current and will use it to guide treatment.
- You may be asked to participate in some sort of research, but you can certainly decline without any sort of penalty.
- We don't give any medications here, but you should know that you have a right to be free from excessive medication.
- Your basic civil rights should not be influenced by your participation in treatment.
- You have the right to complain about me. I suggest you call Arizona Board of Psychologist Examiners at 602-542-8162 or consult their website at:  
<http://www.psychboard.az.gov>

I have chosen to receive psychotherapy through Nancy Eldredge, Ph.D. My choice has been voluntary and I understand that I may terminate therapy at any time.

I understand that there is no assurance that I will feel better. Because psychotherapy is a cooperative effort between myself and my therapist, I will work with Dr. Eldredge in a cooperative manner to resolve my difficulties.

I understand that during the course of my psychotherapy, material may be discussed which will be upsetting in nature and that this may be necessary to help resolve my problems.

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

I understand that state and local laws require that my therapist report all cases of physical or sexual abuse or neglect of minors or the elderly.

I have read and had explained to me the basic rights of individuals participating in the program. These rights include:

1. The right to be informed of the various steps and activities involved in receiving services.
2. The right to confidentiality under federal and state laws related to the receipt of services.
3. The right to humane care and protection for harm, abuse, or neglect.
4. The right to make an informed decision whether I accept or refuse treatment.
5. The right to contact and consult with counsel and select practitioners of my choice and at my expense.

I have read and understand the above.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date