

LEIGH SCOTT ROSENBERG, PSY.D., PLLC
Licensed Psychologist (PY #3608)

CONSENT FOR TREATMENT

I, the undersigned, do hereby seek to participate in treatment conducted by Leigh S. Rosenberg, Psy.D., PLLC, Licensed Psychologist. I understand the nature, purpose, and proposed methods of my treatment will be discussed with me, including an approximate length of treatment needed to reach my stated goals. I acknowledge that no guarantee, assurance or promise is being made to me as to the results that may be obtained from treatment or any procedures provided. I understand that I, not any insurance plan(s), am the responsible party for payment of fees for treatment and that fees left unpaid by my insurance coverage(s) are therefore knowingly accepted as my liability to pay in full to Dr. Rosenberg.

I have fully read and fully understand this Consent For Treatment. My signature below shows I hereby authorize Leigh Scott Rosenberg, Psy.D. to administer evaluation and/or therapy services within the scope of his expertise. I understand this consent can be revoked at any time; I may discontinue treatment at any time, for any reason. I will remain responsible for fees for services already received.

Signature: _____

Date: _____

CONFIDENTIALITY AGREEMENT

Information disclosed to Dr. Rosenberg will be kept confidential; it will not be released to persons, organizations, or corporate entities without permission. There are exceptional situations which require Dr. Rosenberg to breach confidentiality. Listed below are situations compelling Dr. Rosenberg, by Florida law and/or Federal law, by Licensure in Florida as a Psychologist, to breach your confidentiality:

- If you threaten grave bodily harm to another person Dr. Rosenberg is required to inform the intended victim and alert appropriate law enforcements agencies.
- If you threaten to do grave bodily harm to yourself Dr. Rosenberg is required to take measures to limit-deny you opportunity to do so including notifying law enforcement authorities.
- If a Court of Law issues a legitimate subpoena directed to Dr. Rosenberg he is required to provide the information specifically requested by the Court.
- If you are being evaluated and/or treated in psychotherapy under Court Order, the results of testing and/or treatment will be revealed to the Court and/or the specified Agency.
- In a situation of suspected child abuse, if in Dr. Rosenberg's clinical opinion circumstances are such that abuse may re-occur, he is required to report findings immediately to legal authorities.

Please note if you use insurance(s) to pay for evaluation and/or treatment services your confidentiality rights will be limited. In order to comply with your specific insurer's requirements for information disclosure in requesting reimbursement for your claim, confidential information will be forwarded to them. If your evaluation and/or treatment is being paid for (reimbursed) through Florida Worker's Compensation benefits, Dr. Rosenberg will need to submit documentation of all clinical findings directly to your worker's compensation carrier and/or communicated with their representatives.

I, the undersigned, fully understand the foregoing information about what actions Dr. Rosenberg will take if State/Federal Law and/or Psychology Licensure requires him to break confidentiality, as well as limitations to confidentiality if using insurance(s) or worker's compensation benefits to pay for my care.

Signature: _____

Date: _____