DR SCOTT SILVERMAN

THERAPYLONGISLAND.COM

150 Broadhollow Road suite 310

Melville, N.Y. 11747

(516)428-4429

Informed Consent- Counseling

**Permission for Treatment:**

I consent to receive mental health services from Dr. Scott C. Silverman. These services may include individual counseling, couple counseling, as well as family and group counseling.

**Emergency Services:**

Dr. Silverman is typically able to provide counseling services by appointment during the work week after 3p.m., Monday through Friday (excluding holidays). If an appointment is needed immediately due to an emergency, clients are advised to call 911 or go to the nearest hospital.

**Confidentiality:**

Counseling is confidential. Information shared with a counselor will not be disclosed to anyone outside the Client/patient relationship without your written permission except when:

1. There is reasonable suspicion of abuse to a child, elderly person or other vulnerable adult.
2. The client presents as a serious danger to himself/herself or others.
3. The case file is court ordered by a judge.
4. Parents are advised to allow for a confidential relationship between client and therapist to maintain the integrity of the relationship.

Signature: I understand and agree to the above statements.

Name Printed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent signs for person under 18. If parents are divorced, both parents will need to sign.