

**Cynthia Robles MFT
Licensed Marriage and Family Therapist**

Statement of Understanding

Consent for Treatment

Cynthia Robles offers short and long term counseling services. This includes assessment, treatment and referrals. Within many EAP programs this may include short-term problem resolution counseling. Services within the EAP benefits are usually provided at no cost to you. Please check with your EAP representative to see if you may have a co-pay. However, referrals to service providers outside of the EAP may be recommended. Those services may or may not be covered under your medical benefit plan. It is your responsibility to determine whether or not those outside services are covered and it is your responsibility to pay any charges not covered by your medical benefit plan.

Confidentiality and Duty to Warn

As a California Licensed Marriage and Family Therapist, Cynthia Robles is obligated to keep all information divulged during your therapy session strictly confidential. No one will have access to this information unless you sign a release of information form indicating the person, medical provider or agency to whom you allow information to be shared, including the type of information to be shared and the length of time this information may be shared. This form automatically becomes void after one year from the date of your signature.

Under the law, there are certain circumstances in which your confidential information must be reported to persons of authority. These are the following circumstances:

- 1) If the therapist thinks you might harm yourself or someone else. This may include information indicating impairment sufficient to pose a life threatening situation to the workplace.
- 2) If the therapist believes that a child, an elderly person, a nursing facility patient or a disabled person is being abused or neglected.
- 3) If a judge orders your therapist to comply with a court order or to provide information in connection with certain legal proceedings such as child custody, care and protection cases, adoption proceeding or case against the affiliate.

Patient signature _____ Date _____

Spouse signature _____ Date _____