

UNIVERSITY of HOUSTON

Psychology Research & Services Center (PRSC)



Consent for Treatment

I, _____ (client, parent/guardian) agree to allow the Psychology Research and Services Center to provide _____ (“Client”) with psychological treatment. I understand that this may include individual, marital/family, or group psychotherapy as well as psychological testing or other services which may be considered appropriate or necessary to my treatment. I have the right to an explanation as to the nature and purpose of the services I receive and have my questions about these services answered. I have the right to withdraw this consent at any time by submitting such withdrawal in writing to the Center.

The information concerning my case is confidential and it is not available to individuals or agencies without my written consent. Staff at this agency are clinical psychologists and advanced graduate students in the Clinical Psychology program. All students are supervised by Ph.D. level psychologists associated with this Center. As such, information about my case may be discussed by psychologists and other professionals within the Center for the purpose of diagnosis, treatment planning, or psychotherapy supervision. Information about my case may also be used for research purposes, however, no information which will identify me in any way will appear in any research report or publication.

There are a few instances in which information concerning my case may be required to be released without my consent. Such a release of information could occur if:

1. I pose a serious danger to my self or others.
2. There is evidence to suggest child or elder abuse.
3. The court issues a subpoena concerning my records.
4. A valid medical emergency occurs.

I have read and understand what is written above.

| | | | |
|------------------|------|-----------------------------|------|
| Client Signature | Date | Staff/Therapist’s Signature | Date |
|------------------|------|-----------------------------|------|

If Client is under 18 years of age, Parent/Legal Guardian must complete information below:

| | | |
|-----------------------------------|------|------------------------|
| Parent/Legal Guardian’s Signature | Date | Relationship to Client |
|-----------------------------------|------|------------------------|

Note: Modification of this Form requires approval of OGC