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INFORMED CONSENT, CONFIDENTIAL DESCRIPTION OF SERVICES

Description of Services: It is my understanding that Patrick B. Ellis, D.O. is a licensed psychiatrist, qualified in Oklahoma to practice medicine and provide psychotherapy. Counseling and psychotherapy involve discussing in detail my concerns, giving background information, and talking about areas that may cause me emotional pain, all for the purpose of trying to develop new and more effective methods of coping with problem areas in my life or my child's life. I understand that I am free to withdraw from therapeutic contact at any time if I so desire and will only be responsible to pay for completed sessions.

Confidentiality: All services provided and all information obtained are kept confidential and cannot be released without your written permission. You need to know, however, that there are special situations under which confidential information could be revealed such as:

- 1). A "duty to warn" ethic allows a clinician to break confidentiality when danger exists to the patient or client or others.
- 2). Under special circumstances, the court may subpoena patient or client's records and may order a clinician to give testimony during a court hearing.
- 3). Third party payers, such as insurance companies, have a right to review patient or client's records prior to payment.
- 4). Delinquent accounts may be turned over to a collection agency.
- 5). Based on clinical judgment, consultation with another professional with respect to your treatment may be sought.
- 6). Actual or suspected abuse to children or the elderly must be reported to authorities.

Your signature indicates that you have read and understood the above information concerning confidentiality and that you have read and understood the description of possible services, and consent is given to provide services to you and/or your child (or children), _____ who is (are) not of legal age.

Signature

Date

Relationship if client is a minor

Witness

Date