

Pete Morones, Ph.D.
Licensed Psychologist

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Disclosure to Non-Client

You have been invited to attend one or more sessions with _____
(hereafter referred to as Client) in order to provide additional information for use in Client's therapy with me. It is important that we all understand some very important ground rules for you attending these sessions:

1. You will not be billed for attending these sessions. Although you are here to assist in therapy for Client, you are not considered a Client of mine and you will not be responsible for payment of my services. Although you may experience some benefit from these sessions, this is not intended to be therapy for you.
2. Because you are not seeking treatment for yourself and are not considered a Client of mine, any information that you choose to disclose to me is not privileged. This means that any information that you disclose to me may be disclosed to Client and may be documented in Client's chart. Once the information is contained in the chart, it may be subject to further disclosure via court order, subpoena, or authorization of Client. You will not have the right to inspect or receive copies of that information or to prevent its disclosure.
3. Because you will not be my Client, I may be considered a mandated reporter if I have reasonable cause to believe that abuse of a child, elder or person with developmental disabilities has occurred. According to Oregon law, if there is an abuse investigation, I may turn over my Client's relevant records to the appropriate governmental agency, usually the local office of the Department of Human Services. Once such a report is filed, I may be required to provide additional information. In addition, I may also disclose information that you provide if I think that you or others are at risk of harm, or if I believe that you may commit a crime involving serious injury.
4. If at any time you feel the need for individual psychotherapy, you may ask me for a referral.

YOUR SIGNATURE SERVES AS AN ACKNOWLEDGEMENT THAT YOU HAVE READ THESE OFFICE POLICIES AND AGREE TO THESE TERMS.

I have read this contract and agree to the conditions described in it.

Received and Agreed: _____
Non-Client signature

Date

Printed Name