

# ELEANOR CASTILLO SUMI, PHD

Licensed Psychologist PSY 17407

## CONSENT FOR TREATMENT

In order for Dr. Eleanor Castillo Sumi to provide behavioral and mental health services, she must have your informed consent for treatment and inform you that a clinical record will be maintained. The clinical record keeping system is designed to protect your personal rights and to insure confidentiality. In the process of providing you with services, there are a limited number of professionals who will have access to your clinical records.

California and Federal Law protects your privacy and mandates confidentiality. The law also mandates that under special circumstances information obtained during treatment must be reported. Examples may include:

- Suspected child abuse, past or present
- A court order may require sharing information about your treatment
- Suspected elder or dependent adult abuse
- Threat of harm to oneself or others

If you have concerns about confidentiality, please ask Dr. Eleanor Castillo Sumi.

☐ I ACKNOWLEDGE that I have received a copy of The Notice of Information/Privacy Practices, which is intended to meet the requirements as set forth by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

In addition, I give my consent for treatment and acknowledge that a clinical record will be maintained by **Dr. Eleanor Castillo Sumi** for services provided.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dr. Eleanor Castillo Sumi, Ph.D., Licensed Psychologist PSY 17407

\_\_\_\_\_  
Date

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