

N.Rebecca Fineman, Ph.D.  
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650 694 4678

### CONSENT FOR PSYCHOLOGICAL SERVICES

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I authorize N. Rebecca Fineman, Ph.D., to provide me with psychological treatment:

1. When evaluating me, Dr. Fineman will select evaluation tools (such as formal tests, questionnaires, interviews) in light of the referral questions and will inform me of the nature and purpose of any assessment tools to be used. At the end of the evaluation period, she will meet with me to share the general results of the evaluation and any recommendations regarding needs for further services.
2. If I do require psychological treatment, Dr. Fineman will explain the nature and goals of psychotherapy and the estimated length of treatment. My privacy will be protected in that Dr. Fineman will not share any of my PHI or content of any of the sessions with anyone, unless I provide a signed release.
3. Typically therapy will end when Dr. Fineman and I jointly decide that satisfactory progress has been made in achieving treatment goals. If I decided to terminate treatment early, I will discuss my decision with Dr. Fineman so that we can decide how many sessions are needed to address bringing our work to a close.
4. The information obtained during the course of the treatment is confidential and will not be shared with others without my written consent. The only exceptions are in the case of a court order or if there is a concern about my safety or the safety of others. In addition, confidentiality is mandated to be broken should reasonable suspicion of child abuse or elder abuse be disclosed during a session. If it should be necessary to release information in these exceptional circumstances, every effort will be made to discuss the situation with me prior to the release of the information.
5. I may contact Dr. Fineman whenever I have questions about my treatment.
6. I agree to pay Dr. Fineman via either Venmo (@Neira-Fineman) or Zelle (650 642 7850) on a monthly basis the fee of \$350/45 min session. I understand that Dr. Fineman does

not accept insurance but will provide me with the necessary invoice(s) with which to request insurance reimbursement on my own.

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Date

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Signature