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General Informed Consent and Agreement

Confidentiality: All information provided by Michael A. O'Connell, Ph.D, MSW, is confidential unless a release of information is received with your signature authorizing disclosure to a specified person or agency as per your request.

However, Washington State law requires that confidential information be released under the following circumstances for the purpose of securing the safety of the client or others:

- If there is a reason to suspect that a child or dependent adult is being abused or neglected or has been within the past several years;
- If a client is considered an imminent danger to him/herself or to someone else and/or is grossly unable to take care of his/her basic life-sustaining needs;
- Under court order, specific information may have to be disclosed;
- Basic information about diagnosis and treatment in order to obtain insurance coverage.

I authorize Michael A. O'Connell, Ph.D, MSW to release necessary information in discerning the status of claims to any third party payer and/or Crime Victims Compensation.

I have read and understand this General Informed Consent and Agreement. I have been given the Notice of Privacy Practices. I agree to participate in treatment with Michael A. O'Connell, Ph.D, MSW.

Signature of client

Date

Michael A. O'Connell, Ph.D, MSW

Date