

**PROSPECTIVE CLIENT INFORMATION SHEET  
INFORMED CONSENT**

You are entitled to receive information about the methods and techniques of psychological evaluation or treatment I use. There are a variety of different therapeutic approaches available and you can expect that the specific methods of treatment will be adapted to your individual problem(s) and that therapy goals will be established collaboratively with you. The exact length of psychological assessment or therapy is difficult to predict, but I can provide an estimate for you. You have the right to know if other treatments or assessment techniques are available. You are encouraged to discuss questions you have about this assessment or treatment with me and are reminded you may end this assessment or therapy at any time. You may also seek a second opinion if you wish to do so.

The information provided by you during therapy and psychological evaluations is legally confidential. However, some exemptions to confidentiality do exist as regulated by Connecticut State Law. Exceptions include threat to serious harm to self or others as in the case of child abuse, suicide or homicide intent, or grave disability. In most cases, if these or other exceptions arise, I will identify them to you during the course of assessment or therapy.

Sexual contact between client and therapist is not a part of any recognized therapy. Sexual intimacy between client and therapist is illegal in Connecticut and should be reported to the Grievance Board. If you have any concerns or complaints about any mental health practitioner, both licensed and unlicensed, you can contact the State Department of Public Health at 410 Capitol Ave - MS #12APP, P.O. Box 340308, Hartford, CT, 06134 (860) 509-7603.

The following are my education and professional credentials:

Name: Victoria D. Gould, Psy.D

Degree: Psy.D in Clinical Psychology

License: CT License #003190

If you have any questions or would like additional information, please feel free to ask.

I have read the preceding information and understand my rights as a client.

---

Client/Guardian

---

Date

---

Examiner/Psychologist

---

Date