

**Chris Ebberwein, Ph.D., P.A.**

10222 W. Central, Suite 202

Wichita, KS 67212

Phone (316) 516-3590 Fax (316) 773-2012

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**PSYCHOLOGICAL SERVICES AGREEMENT**

Welcome! This agreement contains important information about my professional services and policies. The law requires that I obtain your signature acknowledging that I have provided you with this information. We can discuss any questions you have about the procedures and how they apply to you. Where this agreement references payment, please understand that the diocese will be billed for the psychological testing services.

**LIMITS ON CONFIDENTIALITY**

The law protects the privacy of all communications between a client and a psychologist. In most situations, I can only release information from your record to others if you sign a written authorization form that meets certain legal requirements imposed by HIPAA.

**Perhaps the most important limit to confidentiality is my need to report concerns I have about safety. These include: 1) you expressing an intention to harm yourself or someone else; 2) you notifying me that a minor or an older person is being abused or neglected in some way; 3) or you informing me that you have been or are being abused if you are a minor. I may be obliged to report such cases and would discuss them with you if possible.**

Clients under 18 years of age and their parents should be aware that the law may allow parents to examine their child's treatment records. Because privacy is often crucial for developing an accurate understanding of a person's situation, it is sometimes my policy to request an agreement from parents that they consent to give up their access to their child's records. If they agree, I will provide only general information about the process, and his/her attendance at scheduled sessions. Any other communication will require the minor client's authorization, unless I feel that the client is in danger or is a danger to someone else, in which case, I will notify the parents of my concern.

**ADDITIONAL ITEMS**

Although you have been referred here by your diocese, and my purpose is to consult with them regarding your testing results, I still have responsibilities to you and there are some things you should keep in mind.

- Feel free to communicate openly about your testing. Ask any questions you have about the approach being taken and the purpose of the instruments being used.
- Consultation with other mental health professionals is an important tool psychologists sometimes use in understanding test results and making recommendations. Please know that, if necessary at all, such consultation would be done in a way that maintains your privacy. Other mental health professionals are bound by the same confidentiality rules discussed here previously.
- Please contact me at 316-516-3590 as soon as possible if you find that you cannot keep a scheduled appointment. If I am not available when you call, please inform me of some times when you will be available so that I can return your call at that time.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

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Signature of client (or parent if client is 17 or younger)

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Date