

CONFIDENTIALITY AGREEMENT

I express my acceptance of psychological treatment offered by Dr. Mantilla, which has been explained and understood by me.

I have full knowledge and I agree that my personal situation and treatment will be discussed with other relevant professionals as is deemed suitable by Dr. Mantilla, in order to offer an interdisciplinary treatment if necessary. For this reason, I authorize the doctor to refer me to other professionals or third party experts, or to advise that I see a specialist to provide the best possible treatment. The result of this consultation will be communicated to me verbally.

I understand that all information concerning the evaluation and treatment, including any recording of audio, video, Gesell dome sessions or written reports, are confidential and will not be disclosed or given to any institution or individual without my express consent, except when the order comes from a competent court. I also understand and therefore I agree with the need to break this principle of confidentiality in the case of situations that seriously endanger my physical or mental integrity or that of a member of the community. The assessment of the seriousness of the situation that will violate the principle of confidentiality will be determined by Dr. Mantilla, who will give me a written or verbal notification about this situation and who does not need my express consent on this matter.

I understand that the treatment provided is carried out based on alternative psychological models that are suitable and effective, and on the empirical and analytical model, which has wide acceptance in the scientific community, according to the criteria that the doctor has regarding the best treatment to apply in my case. I am also aware that, in some cases, these models could work better than others. The decision will be based on a thorough evaluation and will be made after analyzing my choices, my beliefs and symptomatic variables, as well as my social, cultural, behavioral, emotional and cognitive skills. Additionally, I acknowledge that the information provided is true and corresponds to my reality, since on such information is posed the proposals for action.

I understand that the duration of my treatment depends on the severity of my case and that the number of sessions per week may vary according to the discretion of the doctor and the agreements reached by both parties. First sessions will focus on the assessment of my case and I will be informed of how I can be helped. If for some reason the doctor cannot provide me with or offer the kind of service I require, I will be referred to the appropriate institution(s) or professional(s).

At my request and accessing the facilities offered by Doctor Mantilla, sessions will be held online, through an interactive communication platform for exchange of data, video, images and voice, which will be chosen in agreement with the Doctor. I also agree to comply with the technical requirements for conducting the sessions. I am aware that sometimes communication troubles in speed, data, video, or audio broadcasting, may occur and I accept this situations, recognizing the efforts of the Doctor to offer a service with quality, which gives the opportunity to receive psychological help.

I also know that decisions about the continuation or suspension of the activities planned for the evaluation and treatment of the issues at stake are taken by me. The therapeutic process requires my commitment on issues such as attendance, punctuality, participation, and collaboration with psychometric testing and filling in a number of documents with personal information, which will be used for evaluation and treatment.

In case, I cannot come to a session it is my duty to call off 3 hours before, in order to avoid the full payment of the session and be able to book another one.

I expressly declare that I have read and understood this entire document and its content and therefore accept the consequences resulting therefrom.

I have read, understood and agreed to the above.

Full Name: _____

Signature: _____

Date: ____/____/____

ID: _____