

**Informed Consent Form**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ freely and voluntarily and without any element of force or coercion, consent to take part in a sport and performance psychology performance enhancement training program with Dr. Steve Portenga.

I understand that I may be asked several personal questions related to my performance. I also understand that I may be asked to take part in several performance enhancing techniques such as imagining things, setting goals, relaxing, and work with my team.

I understand that my participation in this program is totally voluntary, and I may stop my participation in this program at any time without penalty or loss of team status. The information that I discuss in these sessions will be kept confidential, unless it meets one of the following conditions:

1. Abuse of a child, elderly person or disabled person – Ethically, practitioners are bound to report all incidents of child, elder or disabled person abuse that may be revealed during session.

2. Self harm -- Ethically, all threats of self harm must be taken seriously. If a client threatens to harm him/herself, the practitioner must take direct action to protect that person and prevent such harm. In these cases, confidentiality may be broken to the extent necessary to ensure safety.

3. Threats to others -- Ethically and legally, threats of bodily harm against another person may have to be reported to authorities and to the person who is the target of the threat.

4. Litigation -- If you are involved in or anticipate litigation of any kind and inform the court of the services that you received from us, you may be waiving your right to keep your records confidential. You may wish to consult an attorney regarding such matters before you disclose that you have received services.

By my signature, I understand the foregoing limitations of confidentiality. Further, I have had the opportunity to clarify these limitations and understand them as set forth above. If any further questions arise, I may contact Dr. Portenga.

\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Client Date Signature of Service provider