

**Change and Maintain**  
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## **Informed Consent for Pre-Surgical Bariatric Evaluation**

### General Information

I understand that the purpose of this evaluation is to determine psychological suitability for weight loss surgery based on my overall history, eating patterns, mental health and substance use disorder history, and current symptoms. The evaluation will include a thorough diagnostic interview, review of relevant medical records, and completion of questionnaires. The evaluation fee also includes preparation of a written report to my bariatric surgery program and a feedback meeting in which Dr. Barry and I will review the results.

I understand that this evaluation **may or may not** result in a determination that I am psychologically appropriate for bariatric surgery. Completion of the evaluation and payment of the fee does not guarantee I will be approved for bariatric surgery at this time. Dr. Barry is ethically required to make an objective determination based on the results of the evaluation. Sometimes these findings indicate that the likelihood of success for a patient is low, or that bariatric surgery could be psychologically harmful. If Dr. Barry feels I am not a good candidate for bariatric surgery, she will let me know why not, provide me with alternative treatment recommendations, and let me know what I can do to become a better candidate in the future.

Regardless of the outcome, I will be provided with any diagnosis identified during the evaluation and treatment recommendations for any identified mental health conditions. I may request a copy of the report for my personal records or to share with other providers.

### **Limits of Confidentiality**

Confidentiality The session content and all materials relevant to your treatment will be held confidential unless you request in writing to have all or portions of such content released to a specifically named person/persons. Limitations of such client held privilege of confidentiality exist and are itemized below:

1. If you threaten or attempt to commit suicide or otherwise conduct yourself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If you threaten grave bodily harm or death to another person.
3. If I have a reasonable suspicion that you or other named individual is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person or a disabled person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.

6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If you are in therapy or being evaluated or treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Occasionally I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

BY SIGNING BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.