

LIMITS OF CONFIDENTIALITY

(Please Read, Sign, and bring to your first session)

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect:

When a client discloses intentions or a plan to harm another person, the mental health professional is required to report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities, make reasonable attempts to notify the family of the client, or get help for the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records. Copies of records can be obtained by providing a written request and paying a 30 dollar fee. The records will be sent within 30 days after receiving payment.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Subpoena/Court Mandated Cases:

If the court of law issues a subpoena healthcare professionals are required to provide information requested by the subpoena and if you are in therapy by the order of a court of law the treatment and information may be revealed in court.

Couples/Family Members/ Significant Others:

Therapy sessions may also at times involve family members or significant others and in doing so confidentiality is not guaranteed.

Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

CANCELLATION POLICY

If you fail to cancel a scheduled appointment, we cannot use this time for another client and you will be billed a 50 dollar cancellation fee for your missed appointment. In order to avoid this fee a 24-hour notice is needed unless it is due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for, or cancel an appointment.

Thank you for your consideration regarding this important matter.

Print Clients Name

Client Signature (Client's Parent/Guardian if under 18)

Today's Date