



LIMITS OF CONFIDENTIALITY

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 warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family of 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 if 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 agency and legal authorities.

Prenatal Exposure to Controlled Substances

Mental health professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to fetal development.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, 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 client is under 18)

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

Date



CANCELLATION POLICY

If you fail to cancel a scheduled appointment, I cannot use the time for another client. A full fee is charged for no-shows and cancellations made within 24 hours of your scheduled appointment, unless the cancellation is unavoidable due to illness or emergency.

Thank you for your consideration regarding this matter.

I agree to the above cancellation policy and understand its meaning and ramifications.

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

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

Date