

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 health care 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 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 to an unborn child.

MINORS/GUARDIANSHIP

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

INSURANCE PROVIDERS (when applicable)

Insurance companies and other third-party payers (such as billing services and collection agencies) are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to types of services, dates/times of service, 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 under 18)

Today's Date

PAYMENT POLICY

If you believe that your insurance company or EAP will be reimbursing this office for the cost or part of the cost of your counseling sessions, it is your responsibility to contact them *prior to your first scheduled appointment* to confirm that you have authorization for your sessions, to determine if you have a deductible that must be met prior to reimbursement by the insurance company, and whether you have a co-pay for each of your sessions and what the amount of the co-pay will be. Payment *in full* is due at the time of the session if you are paying out of pocket. Cash, check and Visa or Mastercard are all accepted. Please bring your insurance company ID card and any authorization number with you at the time of the first visit. A copy of your card will be made for your file.

CANCELLATION POLICY

If you fail to cancel or to attend a scheduled appointment without notice of *at least one day (24 hours not including weekends)* we cannot use this time for another client and you will be charged for the missed appointment. A full session fee is charged for missed appointments unless due to emergency or *sudden* illness. If you are experiencing illness several days prior to the appointment, it is advisable that you call our office and reschedule rather than assuming that you will be well enough to attend the appointment. As part of the cancellation policy, a credit card number is required and will be charged for the amount of the session if missed and notice was not given according to the criteria stated above. Please provide your credit card number below:

Name on Card _____

Card # _____ Exp. Date _____ Security Code _____

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

Thank you for your consideration of this matter.