

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.

**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, 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.*

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

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



CANCELLATION POLICY

I will make every attempt to find a convenient time to schedule our visits.

If you fail to cancel a scheduled appointment within 24 hours, I am unable use this time for another client. Therefore, I must bill for the cost of your missed appointment.

A full fee is charged for missed appointments or no show cancellations with less than a

24 hour notice unless due to illness or an emergency**.** A bill will be mailed to you in such situations.

Thank you for your consideration regarding this important matter.

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

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Today’s Date