

# CONFIDENTIALITY AND EXCEPTIONS TO 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:

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## **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 or other agencies if needed. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify authorities to assure the health and safety of all concerned.

## **Abuse of Children, Disabled and Elderly**

If a client states or suggests that he or she is abusing; has recently abused; or a child, a disabled person or an elderly person 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.

## **Insurance Providers**

Insurance companies and other third-party payers 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.

## **Subpoena or Lawsuit**

Mental health care professionals may be required to submit documents to a competent court of law if subpoenaed or if a lawsuit is filed against the mental health care professional by the client or somebody representing the client.

## **Sexual Relationship with another Therapist/Mental Health Care Professional**

Mental health care professionals are required to report any suspicion of a client having been in a sexual relationship with another therapist/mental health care professional.

*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)

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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 for the entire cost of your missed appointment.

A full session fee session is charged for missed appointments or cancellations with less than a 24-hour notice 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.

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

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Today's Date