

Consent for Treatment and Limits of Liability and Confidentiality

Please read carefully and ask your therapist to explain any parts of this form you may have questions about*****

Limits of Services and Assumption of Risks:

Therapy sessions carry both benefits and risks. Therapy sessions can significantly reduce the amount of distress someone is feeling, improve relationships, and/or resolve other specific issues. However, these improvements and any “cures” cannot be guaranteed for any condition due to the many variables that affect these therapy sessions.

Experiencing uncomfortable feelings, discussing unpleasant situations and/or aspects of your life are considered risks of therapy sessions.

Limits of Confidentiality:

What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

Prenatal Exposure to Controlled Substances

Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

Insurance Providers

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

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

Credit card companies, banks or other payers may be provided a copy of this consent if necessary to obtain payment.

Consent for Treatment and Limits of Liability and Confidentiality continued...

By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.

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

Date

Cancellation Policy

If you are unable to attend your appointment, we request that you provide at least 24 hours advanced notice to our office. Your appointment time is reserved for you alone and is time set aside for you by your therapist. We are unable to bill insurance for missed appointments. **Please note that you will be billed a \$60.00 cancellation fee** if we do not receive 24 hours notice of cancellation unless such cancellation is due to illness or an emergency.

Please contact your therapist with at least 24 hour notice if you need to cancel your appointment. **We will charge the credit card on file for late cancellations and missed appointments.**

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

Date

CLIENTS ARE ULTIMATELY RESPONSIBLE FOR THE PAYMENT OF SESSIONS WITH THEIR THERAPIST. THIS INCLUDES SERVICES THAT MAY BE DENIED BY YOUR INSURANCE COMPANY OR CHARGES THAT GO TOWARDS YOUR INSURANCE DEDUCTIBLE.

I AGREE TO THE TERMS OF SERVICE OUTLINED ABOVE AND UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR THE COSTS AND FEES OF THERAPY SERVICES.

Signature

Date