

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, but is not limited to: types of service, 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

CANCELLATION POLICY

When you set an appointment with a therapist, that time is reserved just for you. If you are unable to attend your appointment, we require clients to provide a 24 hour notice of the cancellation. The notice offers the therapist time to give the appointment to another client. The cost for a missed appointment is \$50.00. Insurance cannot be billed for missed appointments and you are fully responsible for this charge.

I understand the cancellation policy and agree to give a 24 hour notice for any cancellations. I further give Bobbi Garmany, M.S, LPC authorization to bill my credit card \$50.00 for any appointments that I miss or that I fail to cancel according to this policy.

Name (Please print)

Signature

Date

Credit Card (circle one)

VISA MasterCard AMEX Discover

Card Number

Expiration Date

Zip Code

Security Code