

# Limits of Service and Confidentiality

## **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.

### **Minors/Guardianship**

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

### **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.

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

---

Client Signature

Date

(Client’s Parent/Guardian if under 18)

# Missed, Canceled, or Late Appointment Policy

If you are unable to attend an appointment, we request that you provide at least 48 hours advanced notice to our office. Since we are unable to use this time for another client, please note that you will be billed for the entire cost of your scheduled appointment. Furthermore, if you miss an appointment, you will be billed for the full session of your appointment.

Unless approved by your therapist, your session will be billed as a missed appointment if you are more than 15 minutes late.

For missed, canceled, or late appointments, as described above, you will be mailed a bill directly or your fee will be charged with the credit card placed on file.

We appreciate your help in keeping the office schedule running timely and efficiently. By signing this form, you are giving us permission to charge missed, canceled, or late appointments as described above.

---

Client Signature

Date

(Client's Parent/Guardian if under 18)