

## LIMITS OF CONFIDENTIALITY

---

Contents of all therapy sessions are confidential and are protected under state laws. 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. The exceptions to this rule are as follows:

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the provider is required to warn the intended victim and report this information to legal authorities in accordance with FLA Statue 491.0197. 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 services 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.*

---

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

---

Today's Date

.

---

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

---

Today's Date

## Cancellation Policy

---

If you are not able to maintain your scheduled appointment it is your responsibility to contact the provider in advance. Since we are unable to use the time reserved for you for another client, please note that you will be billed for the entire cost of your appointment if it is not timely cancelled. Unless the cancellation is due to illness or an emergency.

For cancellations made with less than 24-hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee.

We appreciate your help in keeping this office schedule running timely and efficiently.

---

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

Date