

## **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, as the treating mental health Professional, I am 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, I am 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, I am 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, and summaries. I make every effort to give only the minimum amount of information required by insurance providers which, in most cases is only the type and dates of service and diagnosis. I am however, legally bound to provide information required by insurance companies to them related to service. I make every effort to communicate to each client the information I am asked for and must provide (to the client's insurance company).

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

*Roberta Rothstein LICSW*

## **GENERAL CANCELLATION POLICY**

If you fail to cancel a scheduled appointment, I cannot use this time for another client and you will be billed for the entire cost of your missed appointment.

A full session fee is charged for missed appointments or cancellations with less than a 24 hour notice unless it is due to illness or an emergency.

The client will be expected to pay for the full session at the next session. In some cases, a bill will be mailed directly to 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