

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 services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

Mr. Virgil Coleman, my business manager, may see some protected client information. He faxes information and files insurance claims for my practice. Mr. Coleman is completely aware of confidentiality issues and protects client information accordingly.

*I agree to the above limits of confidentiality and understand their meanings and ramifications and I consent to treatment as outlined in Lindagail Cash's Professional Disclosure Statement I received at my first visit.
(discussed when you come for first visit)*

Signature: _____ Date: _____

CANCELLATION POLICY

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

A full session fee session is charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. A bill will be mailed directly to all clients who do not show up for or cancel an appointment.

Thank you for your consideration regarding this important matter.

_____ date: _____

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

If at anytime you are dissatisfied with my work, please let me know so we can address the Issue. If you believe you have been treated In any unprofessional or unethical way, and discussing the problem with me fails to alleviate your concerns, you may wish to contact the NC Board Of Licensed Professional Counselors at: PO Box 1369, Garner, NC 27529-1369. Phone # 919 661 0820 website www.ncblpc.org. My license # is 4114.

I will reply to any written grievance within 7 business days in writing.

Consent for treatment:

I have read all the information on confidentiality and clients' rights provided by Linda Gail Cash LPC PLLC and agree to treatment.

Client signature: _____ Date: _____