

LIMITS OF CONFIDENTIALITY

Contents of all therapy/life coaching sessions are considered to be confidential. Both verbal information and written records about you cannot be shared with another party without first obtaining your verbal and written consent. Noted exceptions to this are as follows: _____

Duty to Warn and Protect: If you disclose intentions or a plan to harm another person, Nathaniel Cilley, LMHC is required to warn the intended victim and report this information to legal authorities. In cases in which you disclose or imply a plan for suicide, or homicide, Nathaniel Cilley, LMHC is required to notify legal authorities and make reasonable attempts to notify your family and/or emergency contact.

Abuse of Children and Vulnerable Adults: If you state or suggest that you're abusing a child (or vulnerable adult) or have recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, Nathaniel Cilley, LMHC is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances: Nathaniel Cilley, LMHC is required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship Parents: Legal guardians of non-emancipated minors 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 your services. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, progress 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

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. A bill will be charged directly to the credit/debit card on file.

Thank you for your consideration regarding this important matter.

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

Today's Date