

Life Solutions Coaching and Counseling



Life Coaching and Professional Counseling

Confidentiality Policy

In order to maintain the highest ethical standards, we guarantee that the content of all therapy sessions will be kept confidential as defined in Federal Law, *Regulation 42 CFT Part 2*. 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. However, there are exceptions to the limits of confidentiality as follows:

Duty to Warn and Protect

If a client discloses intentions or a plan to harm him or herself, the mental health professional will make every effort to enlist the client's cooperation in insuring his or her safety. If the client does not cooperate, the counselor will take further measures without the client's permission that are provided by law in order to ensure the individual's safety, including notifying legal authorities and making reasonable attempts to alert the family of the client. If a client discloses intentions or a plan to harm another person, the mental health professional is obligated to warn the intended victim and report this information to legal authorities.

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.

Professional Violations

If a client indicates any illegal or unethical conduct of another health care professional, the counselor is required to report this to the appropriate licensing board 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.

Legal Requests for Documents

The mental health professional must cooperate with a court of law if the counselor and or the counselor's records of therapy are subpoenaed, but only after we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

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.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature (or client's parent/guardian if under 18)

Date

Cancellation Policy

A fee of \$35.00 will be charged for missed appointments or cancellations with less than a 24-hour notice unless it is due to illness or an emergency. Thank you for your consideration regarding this important matter.

Client Signature (or client's parent/guardian if under 18)

Date