VICTORIA GREEN MA LMFT

3637 Sacramento Street Suite F San Francisco CA 94118 (415) 974-9322 MFC 32410

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 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	_
 Today's Date	

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CANCELLATION POLICY

If we have scheduled an appointment and you cancel within the week prior to it, I will attempt to find another time that week which works for us both. However, if we cannot find another time you are still responsible to pay for the session. If you cancel an appointment within 24 hours, or if you no-show for any reason, you are responsible for that fee and there will be no rescheduling. If you cancel an appointment with more than one week's notice, there is no charge.

If it becomes necessary for me to cancel an appointment with you with less than 24 hours' notice you will not be charged for the session and your next session will be provided free of charge.

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Clien	t Signat	ure				
Today	y's Date					

Thank you for your consideration regarding this important matter.