Professional Services Agreement

Thank you for choosing Sequoia Mental Health for your counseling needs. Our goal is to provide you with the best service possible so that you can receive hope and healing. Working with you to improve your life and relationships is an honor. The therapeutic relationship is unique in that it is both highly personal and a contractual agreement. It is important for each of us to reach a clear understanding of how our relationship will work and what each of us can expect. This consent will provide a clear framework for our work together. Feel free to discuss any of this with your clinician. This document is an agreement between Sequoia Mental Health and the Client and/or the Client's Guarantor ("You") designed to establish clear understanding of regarding services provided, the nature of our professional relationship, your rights, and your responsibilities. In consideration of the health care services provided to you or the Client and on all other accounts for future health care by this Practice, you agree as follows:

INFORMED CONSENT FOR TREATMENT

1. CONSENT FOR TREATMENT. You consent to mental health care as provided by Sequoia Mental Health as directed by the mental health professional. You understand that: Benefits and outcomes cannot be guaranteed. Various treatment methods may be used to address your needs. You agree to accept the risks associated with non-compliance with treatment recommendations. You may ask questions about your treatment at any time and may withdraw consent at any time.

Telehealth. Telehealth services may be provided via HIPAA-compliant platforms, including Doxy.me. There are potential risks, consequences, and benefits of telemedicine. Potential benefits include, but are not limited to improved communication capabilities, providing convenient access to up-to-date information, consultations, support, reduced costs, improved quality, change in the conditions of practice, improved access to therapy, better continuity of care, and reduction of lost work time and travel costs. You are responsibility to use a confidential location, reliable internet, and no recording devices as well as to alert the therapist if you are out-of-state for any reason during session.

2. THE THERAPEUTIC PROCESS. You have taken a very positive step by deciding to seek therapy. The outcome of your treatment depends largely on your willingness to engage in this process, which may, at times, result in considerable discomfort. Remembering unpleasant events and becoming aware of feelings attached to those events can bring on strong feelings of anger, depression, anxiety, etc. There are no miracle cures. We cannot promise that your behavior or circumstance will change. We do promise to support you and do our very best to understand you and repeating patterns, as well as to help you clarify what it is that you want for yourself.

3. PRIVACY AND CONFIDENTIALITY. The session content and all relevant materials to the client's treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons, except when disclosure is required or permitted by law, including:

1. If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a substantial risk of incurring serious bodily harm.
2. If a client threatens grave bodily harm or death to another person.
3. If the therapist has a reasonable suspicion that a client or other named victim is the perpetrator, observer of, or actual victim of physical, emotional or sexual abuse of children under the age of 18 years.
4. Suspicions as stated above in the case of an elderly person who may be subjected to these abuses.
5. Suspected neglect of the parties named in items #3 and # 4.
6. If a court of law issues a legitimate subpoena for information stated on the subpoena.
7. If a client is in therapy or being treated by order of a court of law, or if the information is obtained for the purpose of rendering an expert's report to an attorney.

Additional confidentiality considerations:

Consultation. Occasionally and in support of your best clinical care, our clinicians may choose to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name or personally identifying information.

Public spaces. If you see your therapist outside of the therapy office, we will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and we do not wish to jeopardize that. However, if you initiate contact, we will be more than happy to speak briefly with you but feel it appropriate not to engage in any lengthy discussions in public or outside of the therapy office.

Social media. Due to the importance of your confidentiality and the importance of minimizing dual relationships, we do not accept friend or contact requests from current or former clients on any social networking site (Facebook, LinkedIn, etc.). Adding clients as friends or contacts on

these sites can compromise your confidentiality and our respective privacy. It may also blur the boundaries of our therapeutic relationship. If you have questions about this, please bring them up when we meet and we can discuss further.

Couples/Multiple Participants. When services are provided to two or more clients together (such as in couples counseling), the counselor has a professional relationship with each participant. Sequoia Mental Health may maintain **a single joint counseling record** for couples or family counseling sessions with a single counselor. This record will include documentation from sessions attended jointly and individually, as related to the joint counseling work. Each participant must give **informed consent individually** before counseling begins. Either party may withdraw consent at any time, but this may result in the ending of joint services. If one participant continues in individual therapy, a **separate record** will be established for that individual.

Families and Minors. When services are provided to a family, including one or more minors, the counselor has a professional relationship with each participating family member. Confidentiality agreements will be reviewed with all participants and legal guardians. A **parent or legal guardian** must sign informed consent for any minor, unless the minor is legally permitted under Ohio law to consent to specific services. Parents/guardians generally have the right to access their child's record. Out of respect for the client's privacy and in pursuit of a strong therapeutic relationships, parents are encouraged to consider and discuss with the therapist what information is appropriate for them to receive and which issues are more appropriately kept confidential. Parents are welcome to submit updates; due to confidentiality, you may only receive a brief acknowledgement of receipt. Parents are also able to request a parent appointment to meet with the therapist one-on-one regarding their child. Under state law and professional ethics, the counselor may limit parental access if, in their professional judgment, access would likely cause harm to the client or the therapeutic relationship. In such cases, a treatment summary will be provided instead of the full record. If multiple family members are clients, the counselor will protect each person's privacy and may redact portions of the records before releasing them to another participant or guardian. If a custody agreement is in place, it must be submitted prior to the child's first session so that the therapist has the necessary information to understand applicable parental rights. Subsequent pertinent records should also be submitted as they become available. We are not a party to divorce decrees. The accompanying adult is responsible for payment. Custody documents must be submitted before services for minors begin. We do not provide custody evaluations.

4. DOCUMENTATION. Effective therapy is often facilitated when the therapist gathers within a session or a series of sessions, a multitude of observations, information, and experiences about the client. Therapists may make clinical assessments, diagnosis, and interventions based not only on direct verbal or auditory communications, written reports, and third person consultations, but also from direct visual and olfactory observations, information, and experiences. When using information technology in therapy services, potential risks include, but are not limited to the therapist's inability to make visual and olfactory observations of clinically or therapeutically potentially relevant issues such as: your physical condition including deformities, apparent height and weight, body type, attractiveness relative to social and cultural norms or standards, gait and motor coordination, posture, work speed, any noteworthy mannerism or gestures, physical or medical conditions including bruises or injuries, basic grooming and hygiene including appropriateness of dress, eye contact (including any changes in the previously listed issues), sex, chronological and apparent age, ethnicity, facial and body language, and congruence of language and facial or bodily expression. Potential consequences thus include the therapist not being aware of what he or she would consider important information, that you may not recognize as significant to present verbally the therapist.

5. ELECTRONIC COMMUNICATION. This policy is in place to ensure clarity about our use of electronic communication during your treatment. The use of various types of electronic communication is common in our society, and many individuals believe this is the preferred method of communication; however, it may put your privacy at risk and can be inconsistent with the law and standards of the counseling profession. This policy has been prepared to ensure the security and confidentiality of your treatment and to ensure it is consistent with ethical standards and the law.

Email and Text Message. We use email via the Sequoia Mental Health email account and text messaging through HIPAA-compliant softward only with your permission, for administrative purposes, unless we have made another agreement. Email and text messages with the office should be limited to scheduling, appointment changes, billing matters, and other related issues. Please do not email me about clinical matters because email is not a secure way to contact me. If you need to discuss a clinical matter with your clinician, please feel free to call us to discuss it by phone, schedule a time during your therapy session, or send a message through your confidential portal. It is recommended that you do not use any sensitive or identifying information when contacting the counselor through email or text.

Social Media and Web Searches. We do not communicate with clients via social media or engage in web searches to gather information about you without your permission. In addition, if we inadvertently establish an online relationship with you, we will cancel it as these types of relationships can create security risks for you and blur the lines of the therapeutic relationship. If you have an online presence, you may encounter your clinician by accident. Should you come across information about your clinician, you are welcome to discuss this in therapy, so we can discuss it and the potential impact on your treatment. In this day and age, there is an incredible amount of information available about individuals on the internet, much of which may be known to that person, and some of which may be inaccurate or unknown. As such, online communication could have a high potential to compromise the professional relationship, so you are encouraged to raise any questions or concerns with your therapist in session. A relatively new phenomenon is clients reviewing their healthcare providers on websites. Mental health professionals cannot respond to such comments to protect the client's confidentiality. If you encounter such a review of any professional with whom you are working, you are welcome to share it so we can discuss it and the potential impact on your treatment.

Website. Sequoia Mental Health has a website that you may access. We use it professionally to inform others about the practice. You are welcome to review the information. Should you have questions, you are welcome to use the forum provided on the website for email communication; however, remember these modes of communication are not as secure as phone, telehealth, or face-to-face contact.

6. TERMINATION. Ending relationships can be difficult. Therefore, it is important to have a termination process in place in order to achieve closure. The appropriate length of the termination depends on the length and intensity of the treatment. The therapist may terminate treatment after appropriate discussion with you and a termination process if they determine that the psychotherapy is not being effectively used or if you are in default on payment. The therapist will not terminate the therapeutic relationship without first discussing and exploring the reasons and purpose of terminating. If therapy is terminated for any reason or you request another therapist, they will provide you with a list of qualified psychotherapists to treat you. You may also choose someone on your own or from another referral source. Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, we must consider the professional relationship discontinued.

7. EMERGENCIES. In the event of a crisis or emergency, call 911 or 988, or visit the nearest emergency department. Sequoia Mental Health does not provide 24-hour crisis services.

FINANCIAL AGREEMENT

1. FINANCIAL AGREEMENT. Individual sessions: $100–$200, couples sessions are $150-$300, family sessions are $150-$300 per 50 minutes. Payment is due at the time of service. Payment methods: ACH transfer, cash, major credit cards, HSA/FSA. We do not accept checks. Declined or reversed payments will incur a $30 fee. Past-due balances accrue interest at 1.5% per month (18% APR). You are responsible for all collection costs, including attorney fees.

2. INSURANCE OPT-OUT. Sequoia Mental Health is a fee-for-service practice and does not work directly with any insurances or medicare/medicaid. Some insurance providers reimburse for out-of-network providers. Upon request, superbills can be provided for any potential out-of-network benefits. You are responsible for communicating with your insurance and understanding your benefits before receiving services.

3. SLIDING SCALE FEE. Available on a limited basis based on need and circumstance. Approval must be confirmed before the first appointment.

4. SPECIAL REQUESTS AND LEGAL PROCEEDINGS. Special services, such as consultations, letters, or court appearances, are billed separately at our posted rates, with a one-hour minimum and divided into quarter-hour increments thereafter. Court subpoenas require a $2,000 retainer paid by the party that issues the subpoena. Research and communication with a Guardian Ad Litem will be charged in quarter-hour increments.

5. DIVORCE DECREES. Sequoia Mental Health is NOT a party to your divorce decree. Adult clients/clients are responsible for their bill at the time of service. The responsibility to pay for services to minor children rests with the accompanying adult. If the divorced couple is splitting costs, one person must take responsibility for bringing the child to their appointments, coordinating the insurance benefits between parties, payment of services and keeping track of payments and other documentation related to the services provided.

6. MINOR CLIENTS. The adult accompanying a minor and the parents (or guardians) of the minor are responsible for full payment. For unaccompanied minors, non-emergency treatment will be denied unless services have been approved by the parents (or guardians) and payment has been made before or at the time of service in accordance with item number 1 above.

9. MISSED OR CANCELLED APPOINTMENTS. Cancellations and re-scheduled session will be subject to a full charge if NOT RECEIVED AT LEAST 24 HOURS IN ADVANCE. This is necessary because a time commitment is made to you and is held exclusively for you. If you are late for a session, you may lose some of that session time. If you are more than 15 minutes late for your session, your session will be considered a no-show and the remainder of your session time will be forfeited.

Cancellation Policy

Sequoia Mental Health requires at least 24 hours in advance notice for cancellations of an appointment. We recommend that you opt into appointment reminders via text or email. If you need to cancel an appointment, you may do so by:

- calling or texting your therapist directly
- emailing connect@sequoia-mh.com
- messaging through the electronic health portal
- calling or texting the office at (937) 709-0774

If 24 hours notice is not given, you will be charged a **full session amount**.

Client Financial Responsibility Form

Thank you for choosing Sequoia Mental Health. We are committed to providing you with the highest quality of care. To help us do so for all present and future clients, please take a few minutes to read and sign this form in acknowledgement of your financial responsibility. For the remainder of this section, "I" is in reference to the client or financially responsible party.

I agree to pay for psychotherapy services and other clinical services according to the fee agreement between the therapist and the client. I acknowledge that Sequoia Mental Health is a fee-for-service practice and that I will be billed for service on the the day of appointment.

I understand the following terms apply to this agreement:

- Payment will be made same day as services rendered.
- The fee for psychotherapy, consultation, letter or report writing, or other clinical services is reflected in the Good Faith Estimate (unless otherwise specified).
- It is my responsibility to inform the therapist as soon as I know if there are changes in my ability or willingness to pay.
- Services will be terminated if timely payment is not made as agreed to by this consent.
- Consent to assume financial responsibility for these services does not entitle the third-party payer access to confidential information unless otherwise agreed in writing by the above named client.
- I may incur, or assume responsibility for additional charges such as late cancellation or no-show fee.
- I have elected to not use my insurance for my counseling sessions. I understand that choosing to opt-out of using my insurance means I must pay out of pocket for the counseling sessions on or before the date of service.
- I have made my therapist aware that I have chosen to not use my insurance for counseling sessions, effective on the date specified below, regardless of whether he is in- or out-of-network with my plan.
- I may choose to request a superbill, detailing fee and services rendered, which is acceptable for presenting to insurance carrier for possible reimbursement. Not all conditions are reimbursable, and not all insurances reimburse for out-of-network providers.

HIPAA Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW THIS NOTICE CAREFULLY.

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information ("PHI"). This Notice of Privacy Practices describes how we may use and disclose your PHI in accordance with applicable law, including the Health Insurance Portability and Accountability Act ("HIPAA"), regulations promulgated under HIPAA including the HIPAA Privacy and Security Rules, and the *NASW Code of Ethics*. It also describes your rights regarding how you may gain access to and control your PHI.

We are required by law to maintain the privacy of PHI and to provide you with notice of our legal duties and privacy practices with respect to PHI. We are required to abide by the terms of this Notice of Privacy Practices. We reserve the right to change the terms of our Notice of Privacy Practices at any time. Any new Notice of Privacy Practices will be effective for all PHI that we maintain at that time. We will provide you with a copy of the revised Notice of Privacy Practices by posting a copy on our website, sending a copy to you in the mail upon request or providing one to you at your next appointment.

HOW WE MAY USE AND DISCLOSE HEALTH INFORMATION ABOUT YOU

For Treatment. Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. This includes consultation with clinical supervisors or other treatment team members. We may disclose PHI to any other consultant only with your authorization.

For Payment. We may use and disclose PHI so that we can receive payment for the treatment services provided to you. This will only be done with your authorization. Examples of payment-related activities are: making a determination of eligibility or coverage for insurance benefits, processing claims with your insurance company, reviewing services provided to you to determine medical necessity, or undertaking utilization review activities. If it becomes necessary to use collection processes due to lack of payment for services, we will only disclose the minimum amount of PHI necessary for purposes of collection.

For Health Care Operations. We may use or disclose, as needed, your PHI in order to support our business activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services) provided we have a written contract with the business that requires it to safeguard the privacy of your PHI. For training or teaching purposes PHI will be disclosed only with your authorization.

Required by Law. Under the law, we must disclose your PHI to you upon your request. In addition, we must make disclosures to the Secretary of the Department of Health and Human Services for the purpose of investigating or determining our compliance with the requirements of the Privacy Rule.

Without Authorization. Following is a list of the categories of uses and disclosures permitted by HIPAA without an authorization. Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations.

As a social worker licensed in this state and as a member of the National Association of Social Workers, it is our practice to adhere to more stringent privacy requirements for disclosures without an authorization. The following language addresses these categories to the extent consistent with the *NASW Code of Ethics* and HIPAA.

Child Abuse or Neglect. We may disclose your PHI to a state or local agency that is authorized by law to receive reports of child abuse or neglect.

Judicial and Administrative Proceedings. We may disclose your PHI pursuant to a subpoena (with your written consent), court order, administrative order or similar process.

Deceased Patients. We may disclose PHI regarding deceased patients as mandated by state law, or to a family member or friend that was involved in your care or payment for care prior to death, based on your prior consent. A release of information regarding deceased patients may be limited to an executor or administrator of a deceased person's estate or the person identified as next-of-kin. PHI of persons that have been deceased for more than fifty (50) years is not protected under HIPAA.

Medical Emergencies. We may use or disclose your PHI in a medical emergency situation to medical personnel only in order to prevent serious harm. Our staff will try to provide you a copy of this notice as soon as reasonably practicable after the resolution of the emergency.

Family Involvement in Care. We may disclose information to close family members or friends directly involved in your treatment based on your consent or as necessary to prevent serious harm.

Health Oversight. If required, we may disclose PHI to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Oversight agencies seeking this information include government agencies and organizations that provide financial assistance to the program (such as third-party payors based on your prior consent) and peer review organizations performing utilization and quality control.

Law Enforcement. We may disclose PHI to a law enforcement official as required by law, in compliance with a subpoena (with your written consent), court order, administrative order or similar document, for the purpose of identifying a suspect, material witness or missing person, in connection with the victim of a crime, in connection with a deceased person, in connection with the reporting of a crime in an emergency, or in connection with a crime on the premises.

Specialized Government Functions. We may review requests from U.S. military command authorities if you have served as a member of the armed forces, authorized officials for national security and intelligence reasons and to the Department of State for medical suitability determinations, and disclose your PHI based on your written consent, mandatory disclosure laws and the need to prevent serious harm.

Public Health. If required, we may use or disclose your PHI for mandatory public health activities to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, or if directed by a public health authority, to a government agency that is collaborating with that public health authority.

Public Safety. We may disclose your PHI if necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. If information is disclosed to prevent or lessen a serious threat it will be disclosed to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.

Research. PHI may only be disclosed after a special approval process or with your authorization.

Fundraising. We may send you fundraising communications at one time or another. You have the right to opt out of such fundraising communications with each solicitation you receive.

Verbal Permission. We may also use or disclose your information to family members that are directly involved in your treatment with your verbal permission.

With Authorization. Uses and disclosures not specifically permitted by applicable law will be made only with your written authorization, which may be revoked at any time, except to the extent that we have already made a use or disclosure based upon your authorization. The following uses and disclosures will be made only with your written authorization: (i) most uses and disclosures of psychotherapy notes which are separated from the rest of your medical record; (ii) most uses and disclosures of PHI for marketing purposes, including subsidized treatment communications; (iii) disclosures that constitute a sale of PHI; and (iv) other uses and disclosures not described in this Notice of Privacy Practices.

Substance Use Disorder Records. If applicable, your substance use disorder ("SUD") records are protected by federal law under 42 C.F.R. Part 2 ("Part 2"). This law provides extra confidentiality protections and requires a separate patient consent for the use and disclosure of SUD counseling notes. Each disclosure made with patient consent must include a copy of the consent or a clear explanation of the scope of the consent. It must also be accompanied by a written notice containing the language in 42 CFR Part 2.32(a). Disclosure of these records requires your explicit written consent, except in limited circumstances such as: (a) Medical Emergencies: to the extent necessary to treat you, (b) Reporting Crimes on Program Premises, (c) Child Abuse Reporting: In connection with incidents of suspected child abuse or neglect to appropriate state or local authorities, and (d) Fundraising: We will provide you with an opportunity to decline to receive any fundraising communications prior to making such communications. You may revoke this consent at any time.

Prohibitions on Use and Disclosure of Part 2 Records. If applicable, SUD records received from programs subject to Part 2, or testimony relaying the content of such records, shall not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you unless based on your written consent, or a court order after notice and an opportunity to be heard is provided to you or the holder of the record, as provided in Part 2. A court order authorizing use or disclosure must be accompanied by a subpoena or other legal requirement compelling disclosure before the requested SUD record is used or disclosed. If SUD records are disclosed to us or our business associates pursuant to your written consent for treatment, payment, and healthcare operations, we or our business associates may further use and disclose such health information without your written consent to the extent that the HIPAA regulations permit such uses and disclosures, consistent with the other provisions in this Notice regarding PHI.

YOUR RIGHTS REGARDING YOUR PHI

You have the following rights regarding PHI we maintain about you. To exercise any of these rights, please submit your request in writing to our Privacy Officer at [Name of Officer] at [Address, City, State, Zip Code].

- **Right of Access to Inspect and Copy.** You have the right, which may be restricted only in exceptional circumstances, to inspect and copy PHI that is maintained in a "designated record set". A designated record set contains mental health/medical and billing records and any other records that are used to make decisions about your care. Your right to inspect and copy PHI will be restricted only in those situations where there is compelling evidence that access would cause serious harm to you or if the information is contained in separately maintained psychotherapy notes. We may charge a reasonable, cost-based fee for copies. If your records are maintained electronically, you may also request an electronic copy of your PHI. You may also request that a copy of your PHI be provided to another person.
- **Right to Amend.** If you feel that the PHI we have about you is incorrect or incomplete, you may ask us to amend the information although we are not required to agree to the amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us. We may prepare a rebuttal to your statement and will provide you with a copy. Please contact the Privacy Officer if you have any questions.
- **Right to an Accounting of Disclosures.** You have the right to request an accounting of certain of the disclosures that we make of your PHI. We may charge you a reasonable fee if you request more than one accounting in any 12-month period.
- **Right to Request Restrictions.** You have the right to request a restriction or limitation on the use or disclosure of your PHI for treatment, payment, or health care operations. We are not required to agree to your request unless the request is to restrict disclosure of PHI to a health plan for purposes of carrying out payment or health care operations, and the PHI pertains to a health care item or service that you paid for out of pocket. In that case, we are required to honor your request for a restriction.
- **Right to Request Confidential Communication.** You have the right to request that we communicate with you about health matters in a certain way or at a certain location. We will accommodate reasonable requests. We may require information regarding how payment will be handled or specification of an alternative address or other method of contact as a condition for accommodating your request. We will not ask you for an explanation of why you are making the request.
- **Breach Notification.** If there is a breach of unsecured PHI concerning you, we may be required to notify you of this breach, including what happened and what you can do to protect yourself.
- **Right to a Copy of this Notice.** You have the right to a copy of this notice.

COMPLAINTS

If you believe we have violated your privacy rights, you have the right to file a complaint in writing with our Privacy Officer, with the Secretary of Health and Human Services at 200 Independence Avenue, S.W. Washington, D.C. 20201 or by calling (202) 619-0257. **We will not retaliate against you for filing a complaint.**

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

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