Informed Consent

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. There are, however, exceptions to this agreement. Please review the following:

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 where the client discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and attempt to notify the client's listed emergency contact.
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 clinician is required to report this information to the appropriate social service and/or legal authorities.
Prenatal Exposure to Controlled Substances. Clinicians 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. When working with a minor client, the mental health clinician will maintain a confidential relationship with the minor. The clinician will only share information with the parent or legal guardian if the minor gives consent, or if the minor is a threat or danger to oneself or someone else.
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, progress of therapy, case 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

Alyssa Scolari, LLC

Cancellation Policy

A minimum of 24 hours is required for changing or cancelling a scheduled appointment. If you fail to cancel your appointment at least 24 hours prior, you will be billed for the entire cost of your missed appointment.

Additionally, not showing up for your appointment without calling or texting will result in being billed for the entire cost of the appointment**.** An invoice will be emailed directly to all clients who do not show up for or cancel an appointment.

Lateness: If you are running late to the session, please notify your therapist as soon as possible. If your therapist does not receive notification of lateness, the appointment will be held for up to 15 minutes and will then be cancelled. You will be billed for the missed appointment.

I understand and will adhere to the conditions of the cancellation and lateness policies.

_____

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

_____

Today's Date

Alyssa Scolari, LLC

Client Information

Full Name: _____

Date of Birth: _____

Address: _____

_____

Phone Number: _____

Occupation (Legal Guardian's occupation if client is a minor): _____

Emergency Contact (please include emergency contact's relationship to client):

Alyssa Scolari, LLC

Payment Information

All information will remain confidential

Please provide your credit or debit card information:

Cardholder Name (as shown on the card): _____

Card Type: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Authorization

I authorize Alyssa Scolari, LLC to charge my credit/debit card provided herein for the agreed upon amount. I agree that I will pay for Alyssa Scolari, LLC services in accordance with the issuing bank cardholder agreement. I understand that my information will be save to my confidential file for future transactions.

<u>Payment is due at the time of the session.</u> You are NOT required to pay for appointments with a credit/debit card. If you prefer to pay by cash or check, your card on file will only be charged in the event that payment for your appointment is not received.

_____ _____

Client Signature (or legal guardian) Date