



Consent to Treatment

Confidentiality: Your confidentiality is of critical importance. It will be maintained and respected through HIPAA compliant records and communication. A copy of our HIPAA Privacy Notice is available at any time on the website or by request. You may request a release of information in writing at any time. *As a treatment provider, I am legally obligated to break confidentiality in order to report alleged/suspected abuse of a child/elder/dependent or if I believe that you are a legitimate threat to yourself or another individual.* Confidentiality is not guaranteed to minors, though it will be maintained to the highest possible degree.

Contact: Counseling will only be done in session. The use of email, phone, and text is limited specifically to scheduling. If contact occurs outside of the office, the counselor will not initiate communication in order to protect the client's confidentiality. Counselor will not communicate via social media.

Emergencies: At this time, Heron Counseling, LLC does not maintain an emergency/crisis service. In case of emergency, an individual should call 911 or go directly to the emergency room.

Financial Responsibility: At this time, Heron Counseling, LLC does not participate with insurers. Full payment should be made at each appointment via cash, check, credit card. The counselor will provide a Superbill once a month for the client to submit to their insurer, if requested. The counselor will not communicate with insurers.

Cancellation Policy: Heron Counseling, LLC requires *at least 24 hours notice* in order to cancel an existing appointment, otherwise the client will be charged for the missed appointment. Please be mindful of appointment times.

Questions: If you have any questions regarding treatment or the issues covered in this contract, please direct them to your counselor immediately.

By signing below, you acknowledge and consent to treatment with the aforementioned stipulations.

x _____

Date: _____

x _____

Date: _____