CLIENT THERAPIST AGREEMENT

You have chosen to enter into a therapeutic relationship with ANNE HAUBERT, LMFT. Kindly review the following agreement and SIGN. Thank you.

OFFICE POLICIES

CANCELLATION POLICY: If you are unable to make an appointment, please give at least 24 hours notice by calling, texting or emailing me. I will make every effort to contact you within one business day to reschedule. For late cancellations or missed appointments, you will be charged a $50 fee (except in the case of a personal or family emergency). Insurance companies will not cover this.

FINANCIAL TERMS: Kindly respect the fact that I come to my office to see you-- please be prompt for your appointments (each session is 50 minutes). Payment is expected at the time of service. The fee is $125 unless other arrangements have been made (cash or check only). If you will be using your insurance, please know that insurance companies require a diagnosis.

CONFIDENTIALITY: I will make every effort to protect your privacy. If I should see you outside the office, I will not approach you unless you let me know that it is okay. Information regarding our therapeutic relationship will be shared only in certain circumstances and ONLY with your permission. Please know any correspondence through email or text messages is not HIPAA compliant. During your course of treatment, please provide me with feedback. Your voice will be heard.

HIPAA STATEMENT

There are federal and state laws that protect your right to confidentiality with regard to your treatment in my office. Without your written permission, I cannot discuss any information you share with me with another person or agency. I must report the following exceptions:

DUTY TO WARN AND PROTECT: If a client reports an intention to harm him/herself or others

ABUSE OF CHILDREN AND VULNERABLE ADULTS: If a client reports or suggests that a child or vulnerable adult is being or has recently been abused, or it is suspected he/she may be abused, or is in danger of being abused

PRENATAL EXPOSURE TO CONTROLLED SUBSTANCES: If a client admits prenatal exposure to controlled substances that are potentially harmful

MINORS/GUARDIANSHIP: If a parent or legal guardian of a non- emancipated minor client requests access to the client's records

COURT ORDER: If I am required to provide records or information by a court order

Your signature below indicates that you understand and agree with all statements in this Client-Therapist Agreement and that you consent to treatment with ANNE HAUBERT, LMFT.

Print Client Name	**Client Signature**	**Date**
Print Client Name	**Client Signature**	**Date**
Print Parent/Guardian Name (if client is under 18 years)	**Parent/Guardian Signature**	**Date**