Confidentiality, Crisis Management, Financial Responsibility,

and Consent to Treatment

Confidentiality

I understand that all records are protected under Federal and State Confidentiality Regulations and cannot be disclosed without written consent. There are three legal exceptions to this agreement: 1) Patient threat of injury to self or other; 2) Patient report of child abuse or neglect; 3) Subpoenaed information in legal proceedings.

Please be aware that if you choose to communicate with me via e-mail, I cannot guarantee the confidentiality of that communication.

Crises

If a crisis arises, I (client) will contact Suicide Prevention/Crisis Hotline, 607 272-1616. Your Initials: ___

Financial Responsibility and Commitment to Appointments

I understand that payment is expected at the time of treatment and agree to be personally responsible for the fee. I also understand that I am expected to regularly attend sessions at the intervals agreed upon. Frequent cancelations, even with ample notice, may lead to a re-evaluation of the frequency and/or termination of services. While an appointment may be cancelled without penalty if 24 hour notice is given, my therapist has the right to charge me for appointments cancelled with less than 24 hour notice. Insurance will not cover the charge for missed appointments or late cancellations, so *I (client) will be responsible for the entire amount, not just the co-pay*. Your initials:___

Consent and Release

I acknowledge that the above information has been fully explained to me; and I consent to services by Gina Campbell, LCSW and for a release of information as indicated directly above.

_____ _____

Patient Signature Date

_____

Patient Name printed

_____ _____

Gina Campbell, LCSW Date