

## **STATEMENT OF UNDERSTANDING: POLICY ON CONFIDENTIALITY**

All counseling and coaching services are strictly confidential.

No one will receive any information with regard to the utilization of these services.

All written records and notes are confidential.

No information at all will be released to any one including other professionals without your informed and signed consent.

No information about your attendance will be provided to anyone without your informed and signed consent.

There are 3 important exclusions to the above: Child welfare concerns, imminent self-harm, or danger to others.

Subpoena or court order counseling and coaching services will involve a brief personal assessment, clarifying the issue(s) that brought you to the counseling or coaching service, developing a plan to address the issues, and a plan of action toward resolving them and/or moving toward desired goals.

At times the clinical professional may suggest referrals to other professionals or community resources. Telephone and email contacts pertaining to client issues will be billable. Payment will be made prior to each face-to-face and/or virtual session or as agreed to between clinical professional and client and/or organization or other agreed to third party.

A 24-hours business day notice is expected to cancel an appointment. Failure to provide this could result in a charge for the full session.

### **CONSENT TO COUNSELING / COACHING**

I have read the above, understand its contents, and consent to the counseling / coaching process.

Date: \_\_\_\_\_ Client: \_\_\_\_\_

Date: \_\_\_\_\_ Client: \_\_\_\_\_

Date: \_\_\_\_\_ Name : \_\_\_\_\_ Clinical Professional