



## Confidentiality/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 generally will not discuss any information you share with me with another person or agency. Noted exceptions are as follows:

- If you or your child reports an intention to harm yourself or others
- If I learn that a child, elderly or physically challenged person has been abused or it is suspected they may be abused, and
- If I am required to provide records or information by court order.

In addition, with your permission, I may provide Protected Health Information to your insurance carrier, HMO, or billing office to procure payment for services rendered.

### Costs Outside of Customary Service Provided

Occasionally, clients may request written reports or treatment summaries to be proceeded to other professionals or providers. Again, this will only be done with your permission. Insurance carriers do not pay for such services, therefore, my charge for any services provided outside of the usual and customary is \$ 125.00 per hour.

I will not testify in court. By choosing to work with me as your mental health provider, you acknowledge that I will not participate in any court proceedings.

I welcome the opportunity to work with you on a personal level. I consider it an honor to enter into a therapeutic relationship with you and look forward to hearing all about the work that gets done outside the therapy office, between our sessions.

Should you have any questions, never hesitate to ask me directly.

I consent to treatment with Anna Davenport, LMFT. (In the case of a minor child receiving treatment; I consent form my child to obtain treatment)

Name \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_