

All interactions with your therapist are considered confidential.

Verbal information and written records will not be shared with another party without written consent from the client or a minor client's legal guardian. **There are legal exceptions to this confidentiality:**

Abuse of Children or Dependent Adults

If a client indicates knowledge of abuse or neglect of a minor or that there is abuse of a dependent/vulnerable adult, a mental health professional is required by law to report this information to the appropriate social service and/or legal authorities.

Duty to Warn and Protect

When a client discloses intentions or a plan to severely harm another person, the mental health professional **may warn** the intended victim and report this information to legal authorities. In cases where the client indicates a plan for suicide, the health care professional may make reasonable attempts to notify client's support system and/or legal or medical authorities.

Prenatal Exposure to Controlled Substances

When a mental health professional has knowledge of prenatal drug abuse, this may be reported to the appropriate social service. Initials indicate understanding of the limits of Confidentiality. _____ <— PLEASE INITIAL

Cancellations and No Shows

If you do not cancel a scheduled appointment, this time is taken away unnecessarily from another client. When you have not cancelled your session at least 24 hours in advance you will be billed the entire cost of your missed session. Initials agree with late cancel/no show policy. _____ <— PLEASE INITIAL

Online Sessions

Due to the nature of internet use, confidentiality is less guaranteed than when meeting in person. Your therapist's priority is to keep all interactions private. Hacking and other illegal activities can occur with online communication. If third parties access information about me, I will not hold my therapist responsible. I am freely giving my consent for online therapy without undue influence. _____ <— PLEASE INITIAL

I understand that if either my therapist or I are not in Texas, we will be working together under my therapist's national Health Coach certification. I understand that if a problem arises from an online or phone session, during which either she or I am not in Texas, I will not receive support from a state licensing board. _____ <— PLEASE INITIAL
In the event of technical difficulties, online sessions can be resumed via telephone.

It is recommended that clients who are exclusively seen online (and are not local to Gates Therapy), have a local therapist available in the event that a higher level of care is indicated. Please fill out a Release of Information for a referring therapist if you have one, or request a referral. Initial agreement _____ <— PLEASE INITIAL

It is expected that online clients agree to No Distracted Therapy. Please do not do other things while engaging in our session, as your full focus is important to your growth.

Please note that recognized standards do not yet exist for the risks and benefits of psychotherapy. This process can sometimes be uncomfortable, un-enjoyable, and/or emotionally difficult.

Client's Printed Name

Signature

Date

