

Jennifer Haney, L.C.S.W.

Child, Adolescent & Family Counseling
LCS 28329

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SERVICE DISCLOSURE AND CONSENT

Cancellation and Missed Appointment Policy

Scheduled appointment times are reserved especially for you. If an appointment is missed or cancelled with less than 24 hours notice, you may be billed according to the scheduled fees.

Initial here: _____

Limits of Confidentiality Statement

All information between clinician and client is held strictly confidential. There are legal exceptions to this:

1. The client authorizes a release of information with a signature.
2. The client's situation becomes an issue in a lawsuit.
3. The client presents as a physical danger to self (Johnson v County of Los Angeles, 1983).
4. The client presents as a danger to others (Tarasoff v Regents of Univ. of Ca., 1976)
5. Child or Elder abuse and/or neglect is suspected (Welfare & Institution and/or Penal Codes).

In the latter two cases, the counselor is required by law to inform potential victims and legal authorities so that protective measures can be taken.

All written and spoken material from any and all sessions is confidential unless written permission is given to release all or part of the information to a specified person, persons, school, or agency.

Initial here: _____

Release of Information

I authorize release of information to educators, health care providers, institutions, and referral sources for the purpose of evaluation, diagnosis, treatment, consultation, and professional communication.

Initial here: _____

Consent for Services

I authorize and request **Jennifer Haney, LCSW**, to carry out treatment plans and/or educational evaluation services, which now, or during the course of my treatment, become advisable. I understand that the purpose of these procedures will be explained to me upon my request, and that they are subject to my agreement. I also understand that while the course of service is designed to be helpful, the counselor can make no guarantees about the outcome.

I am the legal guardian/representative of the client and on the client's behalf legally authorize the counselor to deliver services to the client. I also understand that all policies described in this statement apply to the client I represent.

Initial here: _____

Client Name

Date

Signature of Client or Parent/Legal Guardian

Relation to Client

Counselor Signature

Date