

PLEASE READ AND SIGN THE FOLLOWING:

COUNSELOR’S SOCIAL RESPONSIBILITY

Confidentiality and privileged communication remain rights of all clients involved in Family Practice, according to the state of California. However, exceptions do exist. Professional counselors are *mandated by law* to report the following:

1. *Suspected child abuse*, including: neglect, physical abuse and sexual abuse. Reports are made to Child Protective Services, and/or law enforcement officials.
2. *Known abuse to an elder (60 and over) or a dependent adult*: Including physical or financial abuse, neglect, isolation or abandonment. It is permissible to report emotional abuse, but not mandated.
3. *Threats of harm to oneself*. If a client threatens to harm or kill him or herself, family members may be contacted as well as hospital emergency or law enforcement services.
4. *Threats of harm to someone else*. If there is an identifiable intended victim, the intended victim must be warned and law enforcement officers contacted.

All above mentioned reports must include the name of the victim, the victim’s location, the nature and extent of the violation and the name of the perpetrator or suspected perpetrator. Before making a report or informing anyone who should be warned, Claudia Bouslough, LMFT will take all possible steps to first share that intention with the client. Efforts will be made to resolve the issue with the client so as to prevent any such breach of confidentiality.

I have read the above and understand the counselor’s legal and social responsibility to make such decisions where necessary.

Client	Date
Client	Date
Claudia Bouslough, LMFT	Date

FINANCIAL POLICY & APPLICATION FOR COUNSELING

I request that I (or the person for whom I am responsible) be accepted as a client with Claudia Bouslough, LMFT.

I understand that fees are paid at the same time of service and that if I am billing my own insurance, I will still pay the fee at the time of service.

Occasionally the initial co-pay fee indicated by insurance is incorrect. I understand that I am responsible for paying the correct fee in even in arrears once it has been determined via the benefits paid to Claudia Bouslough, LMFT.

I understand that I may be charged for any missed or changed appointments for which I do not give **24 hour** notice.

Client	Date
Client	Date