



*Licensed Counselors, Life Coaches, & Executive Coaches*

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## LIMITS OF CONFIDENTIALITY

Therapy is considered a confidential relationship. Neither verbal information nor written records about a client can be shared with another party without the client's written consent. The following are exception:

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### **Duty to Warn and Protect**

When a client expresses intentions or a plan to harm another person, mental health professionals are required by law to warn the intended victim and to report this information to law enforcement. In the case of a client who discloses a plan for suicide, the mental health professional is required to make reasonable attempts to notify the family or significant other of the client. In both case, it is the duty of the mental health professional to assure the client or victims safety and this may include using the Baker Act in the State of Florida which allows for up to 72 hours of involuntary commitment to a mental health facility for those deemed a danger to themselves or others by a qualified mental health professional.

### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child or vulnerable adult or has recently done so or indicates knowledge of a child or vulnerable being in danger of abuse, the mental health professional is required to report this information to the appropriate social service and or law enforcement authority.

### **Prenatal Exposure to Controlled Substances**

Mental health professionals are required to report admitted ongoing prenatal exposure to controlled substances.

### **Minor/Guardianship**

Parents and legal guardians of non-emancipated minor clients have the right to access the clients' record.

## **LIMITS OF CONFIDENTIALITY (continued)**

### **Insurance Providers**

Insurance companies and other third party payers are given information that they request regarding services to client in order to approve payment of claims.

**Not using insurance**-NO INFORMATION WILL EVER BE GIVEN

**Using out of Network Insurance**- Only Name of Patient, Date of service, Diagnosis Code, and Procedure Code

**Using In Network or Preferred Provider insurance**-All items above plus your insurance company may ask for CASE NOTES, SPECIFIC DESCRIPTIONS OF IMPAIRMENT AND CAUSES, TREATMENT PLANS, PROGRESS OF THERAPY, SUMMARIES all which become a permanent part of your medical record.

*I agree to the above Limits of Confidentiality and understand their meanings and ramifications.*

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Client Signature (Parent/guardian if under 18)

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Date

## **CANCELLATION POLICY**

Cancellations must be made by **phone** within 24 hours of your scheduled appointment or a full fee will be charged as we will be unable to fill the hour with short notice.

We request that you call your therapist or coach directly, and not the main office number when making schedule changes. NO EMAIL CANCELLATIONS PLEASE.

Thank you for your consideration regarding this important matter. We appreciate the opportunity to work with you!

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Client Signature (Client's Parent/Guardian if under 18)

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Date

