

Meaghan Flenner, LMHC, CAP, EMDR
580 Village Blvd. Suite 370
West Palm Beach, Florida 33409
561-371-8551

Limits of Confidentiality- Professional Contract- Consent to Treat

Welcome! In an effort to serve you more efficiently and to help establish a trusting relationship, I have found that an understanding of the office policies prior to our first session will answer many of your questions as well as minimize any misunderstandings.

Confidentiality: This office is HIPAA Compliant. I am committed to keeping anything you say to me confidential. The following are exceptions: (A) You give me permission to inform someone else about your counseling through a release of information (B) Information is required by your health care provider (C) I determine that your actions may pose a danger to yourself or to others (D) Actions that have involved child abuse, or elder abuse. (E) I am ordered to do so by the courts.

I/We, _____, have voluntarily sought counseling for myself, my adult family member, couples counseling or adolescent child from Meaghan Flenner, Licensed Psychotherapist.

Fees: I have agreed to pay _____ for the Psychotherapy /EMDR intake session. Future sessions are billed for time of service which is determined in advance. Session times are 50 minutes, 75 minutes, 85 minutes, or longer intensives if requested. EMDR and Couples sessions are 75-85 minutes.

To decrease time in session and for ease of payment a credit card will be kept on file.

Type of card: MC Visa Amex Discover

Number: _____ Expiration Date: _____
3 or 4 Digit Code: _____ Billing Zip Code: _____
House number _____

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If requested, I may be available for home visits, phone or VSEE telehealth sessions. I am available for in-between session accountability and support billed in 15 minute increments.

Cancelled Appointments: If it is necessary to cancel an appointment, please do so at least 24 hours prior to your scheduled appointment. This allows me to fill your reserved time with another client in need. I will try to be flexible to help your time challenge and move you to another opening if possible without incurring the missed appointment fee. If I do not receive this advance notice, then the regularly hourly fee will be charged to your account. Please note insurance will not pay for missed appointments.

Other Services: If you should require medical or legal assessments or court appearances, I work on a retainer and unused professional fees will be refunded to you with a detailed time accounting.

Your signature below indicates you have read and understood these statements and agree with the contract.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Client's Parent/Guardian if under 18)