

MeaghanFlenner, LMHC, CAP, EMDR, ICGC-11, QS
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Limits of Confidentiality- Professional Contract- Consent to Treat

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

Confidentiality: This office is HIPAA Compliant. I am committed to keeping anything you share with 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, an adult family member, couples counseling or child under 18 years of age, from Meaghan Flenner, Psychotherapist, MH12873.

Fees: I have agreed to pay _____ for the Psychotherapy /EMDR session. Sessions are billed for time of service. Session times available: 60, 90 Intake, 120, 150 minutes or prearranged 3 hour intensives as needed and time permits. EMDR trauma therapy and couples' sessions begin at 90 minutes. Current rates are located on the website: [https:// megcanhelp.com](https://megcanhelp.com) under the rates and insurance heading

To decrease time in session and for ease of payment a credit card will be kept on file. For multiple sessions per week, a retainer is recommended.

Type of card: MC Visa Amex Discover HSA (Health Savings)

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

I'm available for video telehealth and phone sessions. Time outside your standing appt. is prorated to the hourly rate of \$200.00

Cancelled Appointments: If an unavoidable emergency should arise, a courtesy no fee cancellation will apply.

I send courtesy reminders on already confirmed appts. If circumstances prevent me from sending a reminder and the appt. is missed the regular session fee will apply. Please notify me by text message or voicemail a minimum of 24 hours before your appt. time. If your appt. falls after 3:00 PM it is sincerely appreciated if you would provide notice before noon the previous day.

The 24 hour notice EXCEPTION are appointments falling on a Monday; please provide your cancellation on the business day prior (Friday) by noon. This allows enough time to offer your reserved appointment to a new or existing client in need that may be on a wait-list.

If you have a time constraint, I will do my best to move you into another opening or switch with another client; this would not incur a late fee. If I don't receive advance notice, and unable to move to accommodate you, the regular session fee will apply. Insurance will not pay for missed appointments. If your schedule changes and it becomes difficult to keep your appointments, we will discuss changing to telehealth or if you need a break. After you're an established client you can message for any openings in the current week.

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 with a detailed time accounting. Your signature below indicates you have read and understood these statements and agree to the professional contract.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(Client's Parent/Guardian if under 18)