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CONSENT FOR TREATMENT AND LIMITS OF LIABILITY

LIMITS OF SERVICES AND ASSUMPTION OF RISKS.

Therapy sessions can reduce the amount of distress someone is feeling as well as resolve other specific issues. However, these improvements cannot be guaranteed for any condition due to the many variables that affect these therapy sessions. Experiencing uncomfortable feelings and emotions as well as discussing unpleasant situations and aspects of your life are considered part of therapy sessions.

CONFIDENTIALITY.

Information shared during your therapy session is private and confidential. No information from your therapy sessions, whether verbal or written will be shared with anyone else without written consent.

EXCEPTIONS TO CONFIDENTIALITY

Duty to Warn and Protect

If you disclose a plan or threat to harm yourself, family members and legal authorities will be notified. The same applies, if you disclose a plan to threaten or harm another person.

Abuse of Children and Vulnerable Adults

If it is disclosed or suspected that there is abuse or neglect of a child or vulnerable adults (i.e. the elderly, disabled/incompetent), this information will be reported to the appropriate authorities.

Minors/Guardianship

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

Insurance Providers

Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/-times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

(By signing below, I agree to the above assumption of risk and limits of confidentiality and understand their meanings and ramifications.)

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

Date

CANCELLATION POLICY

If you are unable to attend an appointment, please provide at least 24 hours advanced notice to our office. For cancellations made with less than 24 hour notice (unless due to illness or an emergency) or a scheduled appointment that is completely missed, you will be mailed a bill directly for the full session fee. We appreciate your help in keeping the office schedule running smoothly

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

Date