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Client Information

*What to expect at your session:*

SageHeart Counseling offers both 45 and 60 minute counseling sessions. Your therapist will schedule with you accordingly based on your needs. Please arrive 10 minutes prior to your first appointment to complete initial paperwork.

*Confidentiality:*

HIPAA laws of confidentiality protect a patient’s right to confidentiality. SageHeart Counseling will keep all information pertaining to your therapy relationship confidential. Relevant information may only be shared with your insurance company for billing purposes only. Clients must sign a Release of Information form should they wish their therapist to share information with a third party. Children over the age of 12 must sign a Release of Information form in order for their therapist to share information with their parents related to their therapy relationship.

Your therapist may only break confidentiality in the case a client expresses a desire or intent to harm his or herself or someone else. In this case, your therapist will share information with the appropriate persons for safety purposes.

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*Payment:*

Please note payment is due at time services are rendered. If you have questions or concerns regarding payment please address these with your therapist prior to your appointment.

*Scheduling/Cancellation:*

If you are unable to keep your appointment, please give as much notice as possible. A courtesy of *24 hours notice prior to cancellation or rescheduling* is required. Late cancellations or no shows may result in a charge for the missed session*.*

*In case of emergency:*

In the event of an emergency, please immediately call 911 or safely proceed to your nearest ER.

*SageHeart Counseling looks forward to working with you.*

*Please contact us at (773) 682-8518 with any questions.*

Please sign below indicating you have read and understand the practice polices above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_