

SHIFAA INTEGRATIVE COUNSELING, LLC

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CONFIDENTIALITY AGREEMENT

Contents of *all* therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client’s legal guardian. Noted exceptions that are required by law are as follows:

- **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

- **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 abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

- **Prenatal Exposure to Controlled Substances**

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

- **Minors/Guardianship**

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

- **Insurance Providers** (when applicable)

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

Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

No information will be released to any Insurance provider unless provided with written consent.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

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

Today’s Date

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CANCELATION POLICY

Please give me 24 hour notice to cancel or reschedule an appointment.

If you fail to cancel or reschedule an appointment prior to 24 hours, I will not be able to use this time for another client. Therefore, if you cancel less than 24 hours before a session you will be charged \$75. No shows will be charged the full fee amount. **Please remember, these fees are not covered by insurance.** Exceptions are made in emergency situations only.

A bill will be mailed directly to clients who do not show up or do not give appropriate notice.

Thank you for your consideration regarding this important matter.

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

Today's Date