

Candace M. Moore, M.F.T.
Adult, Family and Child Therapist
License MU17964
Mental Health Disclosure Form

Financial Terms: Insurance Coverage and co-payments.

You are responsible for obtaining prior authorization for treatment from your insurance carrier when necessary. We will bill your insurance, however, you are responsible for co-payment amounts and deductibles as set by your insurance plan.

Your appointment time is reserved for you. If you must cancel or reschedule, we ask that you notify the office 24 hour in advance of your appointment. Missed appointments or appointments canceled without the required 24 hour notice will be directly billed to you.

Limits of Confidentiality statement

All information between practitioner and client is held strictly confidential. There are legal exceptions to this:

1. The client authorizes a release of information with a signature.
2. The client's mental condition becomes an issue in a lawsuit.
3. The client presents a physical danger to self (Johnson v County of Los Angeles, 1983)
4. The client presents a danger to others (Taros v Regents of University of California, 1967).
5. Child or Elder abuse and/or neglect is suspected (Welfare & Institution and/or Penal Codes?).

In the latter two cases, the practitioner is required by law to inform potential victims and legal authorities so that protective measures can be taken.

All written and spoken material from any and all sessions is confidential unless written permission is given to release all or part of the information to a specified person, persons, or agency.

Client/guardian signature

date