

Cindy Barrow, LCSW
Client Rights and Responsibilities

1. Your records and communications will be kept confidential in accordance with State and Federal Law. The following are exceptions to your confidentiality:
 - A. Disclosure or suspected abuse or neglect of a minor child
 - B. Disclosure or suspected abuse of an elder
 - C. Disclosure of your plan to harm yourself or another person
 - D. Your inability to keep yourself safe from harm due to your mental illness or substance abuse.

2. I understand that I may terminate treatment at any time and will inform my therapist when I no longer wish to return to treatment. Cindy Barrow, LCSW may request that I be seen by a Psychiatrist or physician for a medication evaluation or another therapist for specialty care if I am not progressing in therapy or need additional resources.

3. I have the right to be treated respectfully by my therapist and I will treat my therapy appointments with respect. I agree to cancel any session that I have scheduled, 48 hours before the appointment or in case of illness, 24 hours before the appointment. **If I fail to call to cancel my appointment or do not show up for my session I agree to pay the full fee for the missed session (contained in the document, Cindy Barrow, Fee Schedule Update 2015).**

4. If treatment is for a minor child: I am giving my consent for the treatment of _____ . I am the custodial parent or I have the legal right to consent for treatment. I agree to participate in therapy session as requested by Cindy Barrow, LCSW.
5. I understand that if I am using my insurance for coverage for my therapy sessions, the insurance company or managed care company has the right to review my clinical information. Cindy Barrow uses DL Medical Billing. I agree to allow this company to keep my name and financial information confidential and to allow them to bill my medical insurance. DL Medical Billing has signed a confidentiality agreement with Cindy Barrow, LCSW on behalf of her clients. **I agree to make my copayment at each appointment.**
6. I understand that if I arrive late for my appointment, Cindy Barrow, LCSW will see me for the remainder of my allotted time for the session. If Cindy Barrow is late for the session, she will give me the full amount of time allocated for my session.
7. **I understand that I have the right to request my records. If I request these records myself for my purposes, Cindy Barrow has the right to charge a nominal fee for copying. Cindy Barrow also requests that you schedule a session to review the records so that you can ask questions and she can provide clarifications and answers. If I make a request for my record to be sent to another Physician or Mental Health Practitioner, I am not obligated to make a session for a record review.**
8. **The fee for copying your record is 25 cents per page. There is no fee for faxing your record to a therapist, Physician or Mental Health provider.**

Right and Responsibilities Continued:

I have read and understood the 8 Rights and Responsibilities contained in the two previous pages. I have had the opportunity to ask questions of Cindy Barrow, LCSW.

Signature of client or guardian

Date

Cindy Barrow as Witness

After completing form, please click the SUBMIT Button. This will open a new email using your default email application. If you do not have one installed on your device, just save the form and email it to clbarrow66(AT)gmail.com. *Please be sure to input the email correctly as you are emailing Private & Confidential information.*