

DATE OF FIRST VISIT _____

Office use only: DX _____

CANCELLATIONS

Please give 24 hours notice if you need to cancel an appointment. You will be charged for appointments you fail to keep, or for appointments not cancelled within 24 hours unless the situation is agreed upon as unavoidable by both of us. If you do not give notice you will be charged your regular fee. If you have insurance you will be charged out of pocket for the regular fee.

I acknowledge that I have read and agree to the above stated cancellation policy.

Client Signature (s)

Date

Shelley Fields, M.A., LMFT

Notice to Persons Regarding My Privacy Practices

This initial contact with you gives us an opportunity to discuss confidentiality and privacy issues. These practices are designed to protect your individual identifiable information and confidentiality. Although I am legally required to tell you about my privacy practices, I also believe that telling you about confidentiality is the right thing to do.

After we have discussed my privacy and confidentiality practices, I will give you a printed copy of my Notice of Privacy Practices if you request. The printed Notice of Privacy Practices outlines how I can use and disclose information along with the rights that you have regarding your information maintained by me. You can also download a copy from my website: www.sfieldstherapy.com.

Also, I must obtain written acknowledgement that I have discussed my privacy practices with you. By signing this form, you are only acknowledging that you have been informed about my practices to maintain privacy and confidentiality. Please indicate if you want a copy of the Notice of Privacy Practices.

If you have any questions, please don't hesitate to ask me. If you believe your rights have been violated or have a complaint about my practice, you may speak to me about it or contact the Secretary, Department of Health and Human Services.

By signing this document I am acknowledging that I have been informed about how my privacy and confidentiality will be maintained by Shelley Fields, M.A., LMFT

Client Signature (s)

Date

Person Providing Notice

Date