

**Deidre Bliss, MA, LPC
License No. 12261**

CLIENT CONFIDENTIALITY

The information discussed in therapy is confidential and cannot be disclosed to anyone. The exceptions to this rule are:

1. If there is evidence of child or elder abuse.
2. If the therapist learns that there exists a serious threat to the client's life or life of another.
3. If you sign a release of information as part of your insurance form or you are referred by an EAP or managed care company that requests information.
4. If you sign a release of information for the therapist to share information with specific others.
5. If there is a court order for the therapist to appear or to produce records.

CANCELLATION POLICY

For therapy to be effective, it is important to attend your appointments as scheduled. If you are unable to keep an appointment, please notify me. **If I do not receive 24 hours notice of your need to cancel an appointment, I will need to charge for the time reserved for you.** If you are using your insurance benefits to pay for therapy, your insurance company will not pay for missed sessions or for late cancellations. Therefore, you will be responsible for the full regular hourly fee of \$160.00. If more than two sessions are missed without notification, the professional relationship will be terminated and proper referrals will be given when contacted.

FEES

Payment is due at the beginning of each session unless other arrangements are made. Fees will be reviewed every January 1st. Cash, check, or major credit cards are accepted.

EMERGENCY PROCEDURES

For an emergency that occurs outside of regular business hours, call The Banner Helpline at (602) 254-HELP (4357), or toll-free in Arizona, (800) 254-4357 OR call **911**.

I acknowledge receipt of this contract.

Client

Date

Therapist

Date