



Privacy Policy

- Fees must be paid at the time of each appointment. If you would prefer to be billed on a monthly basis, you must submit a credit card that may be used to bill services rendered; this card may be charged per your instruction, or— in the event of delinquent payment—this credit card may be charged at the discretion of WFC.

-Any charge or fee incurred by Westport Family Counseling as a result of checks drawn on insufficient funds, or because of a credit card dispute that is resolved in our favor, will be applied to the client's balance/account.

-Any damages incurred to the property of Westport Family Counseling by a client or the client's children or guests will be billed to the client.

-All information discussed in therapy with your counselor is completely confidential, with the following exceptions:

- If you have a signed written release.
- If it is determined that you are suicidal, homicidal, or acting out in such a way that a psychiatrist, medical doctor, or clinical staff feels that your safety or well-being is in jeopardy; or, if another person you speak about is deemed physically threatened by you; in this case, a hospital, your psychiatrist, and/or your "emergency contact" may be, though not necessarily be contacted.
- If your counselor, or doctor deem it necessary to receive confidential supervision, or consultation with WFC clinical staff.
- When a minor discusses information that suggests impaired judgment, or possible harm to self or others; parents or guardians may be notified; however, any information may be restricted to the specific issue of concern. Parents or guardians are not entitled to other information, unless the minor instructs the clinician to discuss this information with them.

Westport Family Counseling, and all those that are employed by, or affiliated with Westport Family Counseling are mandated by law to report domestic violence and child abuse, without exception.

-Contact information, or billing information may be viewed, filed, or processed by both clinical and administrative staff. Contact and billing information does not include any information that is discussed between you and your counselor, in confidence.

-WFC does not accept insurance; we do not submit, or process any documents related to insurance. We will provide you with a statement that can be resubmitted to your insurance company.

By signing, printing, and dating below, you acknowledge that you have read, understand, and agree to these terms and policies.

Print name of client (or parent/guardian)

Date

Signature of client, (or parent/guardian)

Date

If you would like, you may use this form to indicate that you are aware of HIPAA policies, and that you do not wish to receive separate, written information. If you do wish to receive information, please let your counselor know, and they will provide you with a written explanation to read and sign.

I am aware of HIPAA regulations, and I decline being given literature explaining the policies of HIPAA

I will ask for the written explanation of my HIPAA rights, so that I can sign the form and have it filed in my chart