



CMM Mental Health & Family Therapy, Inc.

29995 Technology Dr., Suite 101A

Murrieta, CA 92563p

Phone (951)249-7288 Fax (951) 654-3526

CLIENT POLICY STATEMENT AND CONSENT FOR TREATMENT

Appointments Times: Have been reserved for you. If you have to cancel an appointment, please give at least **24 hours notice**, insurance companies do not pay for missed sessions. If you have more than **3 missed appointments**, you will be dismissed (discharged) from treatment as you will no longer be benefiting from treatment anymore and you will be provided with referrals for the proper continuation of care.

Limitations of Confidentiality: I understand that all information between the therapist and client is held strictly confidential, **UNLESS:**

- Client authorizes release of information in writing with signature
- Client presents a physical danger to self or others
- Child or Elder, Dependent abuse or neglect is suspected

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

I have read, received and understand the HIPAA Notice of Privacy Practices for Health Information _____ Initials

I consent to correspond via **Text, Calls, Voicemail, and E-mail** for scheduling and confirmation purposes **only** the number provided. Initials _____

A) Yes phone # _____

B) E-mail _____

C) No. (initials) _____

***Please note: Email/text correspondence are not considered to be a confidential medium of communication. Please utilize text/email only for the purposes of scheduling.** Potential risks of using electronic communication may include, but are not limited to: Inadvertent sending of an e-mail or text containing confidential information to the wrong recipient, theft or loss of the computer, laptop or mobile device storing confidential information, and interception by an unauthorized third party through an unsecured network. In addition, e-mail or text communication may become part of the clinical record.

