CLIENT AGREEMENT and FINANCIAL AGREEMENT

All sessions are 50-minute sessions with the exception of the initial session, which is a 60-minute evaluation session.

CONFIDENTIALITY

All information disclosed within sessions is confidential and may not be revealed to anyone without written permission except where disclosure is required by law. Disclosure may be required in the following circumstances:

- 1. Where the client is likely to harm him or herself unless protective measures are taken.
- 2. Where there is reasonable suspicion of child, elder or dependent adult abuse.
- 3. Where there is reasonable suspicion that the client presents a danger of violence to others.
- 4. A court order or subpoena to Teri Tingey to release information or testify in court.
- 5. Where the client's account has to be turned over to a collection agency. 6. Where the client requires probation reports.

I have read the above 6 limits to o	confidentiality and understand	them
		(Sign)
	FINANCIAL/INSURAN	<u>CE</u>
visit unless other arrangements have	been made in advance. If for any onsible for all charges. Should my	that services must be paid in full at the time of reason my insurance does not pay for these account be referred to an attorney or fees and collection expenses.
permission for Teri Tingey to provide requested by an insurance company all professional services rendered on fees for services and in cases of attor	information concerning my diagnor attorney. The insurance comparts my behalf. This instrument is an rney representation, directs the alary to pay these fees. All sums pa	ven on the Intake Form is correct. I give osis, treatment or prognosis as may be any is instructed to pay Teri Tingey directly for assignment of my rights to the extent of the torney to withhold from settlement, judgment or id under the assignment are to be credited ne original.
3. Co-pays are due at the end	of each session.	
4. I understand that I will be ch	arged the full session fee if I do n	ot give a 24 hour cancellation notice.
I have read, understood and agree to	the above terms	
Signature of client or lega	al guardian of client	Date
INSURANCE INFORMATION Has co	overage been authorized? Yes	No
Authorization Number	Insurance Company:	
Member ID Number:	City	
State Zip	Payer ID numbe	er
The payer ID number must be obtained		