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**FAITH SANDERS, MA, LMHC**  
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## **Declaration of Understanding**

### **Conditions of Practice**

It is the client's responsibility to inform the therapist with a minimum of 24 hours' notice if a session is to be cancelled. If the client fails to make the appointment and has not given appropriate notice regular fees will be charged.

Clients contacting the therapist more than 20 minutes after the session was scheduled to begin may consider the session cancelled and are responsible for payment.

It is the responsibility of the client to contact the therapist at the commencement of each session. Payment for each session is required in advance.

### **Limits of Confidentiality and Duty to Warn**

All communications in therapy are confidential and privileged. With the following exceptions it is a violation of the Code of Ethics to breach confidentiality under any circumstances.

#### **Exceptions:**

1. The requirement to report incidences of child or elder abuse being perpetrated
2. The requirement to comply with a court ordered subpoena
3. The requirement to prevent harm to the clients themselves or to someone else, should such plans be disclosed.
4. If the client provides a written release of information for other health care providers.

### **Declaration of Understanding**

**I acknowledge that I have read and understand the above and any questions pertaining to the above have been answered by Faith Sanders, MA, LMHC agree to abide by the conditions outlined above.**

Please check the box below if you agree to the above statement

**I Agree**

**Please enter your full name**

**Date of Birth**