



Laura Petiford
PMHNP, LMFT
A FRESH APPROACH TO MENTAL HEALTH

Practice Information and Consent to Treatment/Notice of Privacy Practice

Welcome to my practice. This document contains important information about my professional services and business policies. When you sign this document, it will also represent an agreement between us.

Meetings: Appointments are scheduled at a mutually agreed upon time. Once an appointment is scheduled for you, you are expected to pay for the session unless you provide 48 hours advance notice of cancellation with Monday appointments requiring cancellation by 5 pm Friday. Exceptions are made only if we both agree that you were unable to attend due to circumstances that constitute an emergency. The fee for a missed appointment or late cancellation is \$125. Initial appointments that are not kept or cancelled with sufficient notice are not rescheduled. If a follow up appointment is missed or cancelled, it is important to reschedule as soon as possible to maintain continuity of care. Telehealth is offered as a service. While all reasonable attempts to secure privacy will be made, electronic therapy services are subject to breaches. Joining a telehealth meeting will suffice as consent to services.

Limits on Confidentiality: The law protects the privacy of all communications between a patient and a nurse practitioner. In most situations, I can only release information about your treatment to others if you sign a written authorization form. There are some situations in which I am legally obligated to take actions and I may have to reveal some information about your treatment 1) If I have reasonable cause to believe that a child under age 18 is suffering physical or emotional injury resulting from abuse/neglect 2) If I have reason to believe an elderly or handicapped individual is suffering from abuse or neglect 3) If a patient communicates an immediate threat of serious physical harm to an identifiable victim 4) If a patient threatens to harm him or herself. If any of the above situations arise, I will make every effort to fully discuss it with you before taking any action and I will limit my disclosure to what is necessary.

Communications: Email and text communication do not meet HIPPA standards for privacy of your personal health information. As such, I must limit these communications to appointment related issues only. You will be invited to an online portal enabling you to make changes to appointment times and ask questions once we have met. Other topics will be discussed during our sessions together or by telephone. Please be aware that you will be charged for communication requiring longer than 5 minutes.

Your signature below indicates you have read the practice information and consent to treatment/notice of privacy practices and agree to abide by the terms.

I, _____, consent and agree to the elements of the practice information and consent to treatment/notice of privacy practices

Patient Signature

Date