



Confidentiality and Cancellation Policy

At the Center for Safety and Healing, maintaining your privacy and providing clear communication about our policies are of the utmost importance. Please review the following confidentiality and cancellation guidelines:

Confidentiality Policy

The therapeutic relationship is built on trust, and we are committed to protecting your privacy. All information shared during sessions is confidential and will not be disclosed without your written consent, except in the following situations as required by law:

- If there is reasonable suspicion of abuse or neglect involving a child, elderly person, or dependent adult.
- If there is a direct threat of harm to yourself or others.
- If disclosure is required by a court order.

For any questions about confidentiality, please feel free to discuss them with your therapist.

Cancellation Policy

We understand that life can be unpredictable, and we strive to accommodate scheduling needs whenever possible. Consistent attendance is essential for therapeutic progress, and we are committed to working with you to maintain a regular schedule.

- **Cancellations or rescheduling must be made at least 24 hours in advance.**
- **You are allowed one missed session without incurring a fee.**
- For late cancellations or missed appointments beyond the one allowed session, a \$75 fee will be applied.
- **Repeated missed sessions may result in a discussion about the appropriateness of continuing care with us, as consistent engagement is vital for progress.**

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Center for Safety & Healing

COMPASSION | HOPE | RESILIENCE

This policy ensures that we can provide timely and consistent services to all clients. Please reach out if unexpected challenges arise—we are here to support you in finding solutions.

Acknowledgment of Understanding

I have read and understand the Confidentiality and Cancellation Policy of the Center for Safety and Healing. By signing below, I acknowledge my understanding and agreement to these terms.

Client Name (Printed): _____

Client Signature: _____

Date: _____

We appreciate your understanding and cooperation. These guidelines are designed to ensure the best possible care for you and all of our clients.