

**Celia Hartnett, MSW, LCSW**  
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### **My Policies**

My records of your treatment and everything you tell me are protected by law and will be kept confidential unless you give me written permission to share information with someone else. However, threats of homicide or suicide constitute a sufficient reason for me to breach confidentiality. I am required by law to report any abuse or neglect of children, the elderly, or people with disabilities. I may have to release your records if ordered to by court subpoena which is extremely unlikely.

I do consult with colleagues as part of my ongoing effort to do my best work. I also participate in two study groups with licensed professional psychotherapists. If your case were discussed in these professional settings, it would be presented without your name and identifying information and kept confidential by my colleagues.

My fees are posted on my website. Payment is due directly to me at each session unless we have made other arrangements. I am not on any insurance panels; however, my business manager will file claims for you if you have out-of-network benefits. Please take time to read more about my insurance policies on my website.

Your appointment is time I have set aside specifically for you. Unless it is an emergency, you will be billed for any session you cancel with less than 24 hours notice. Please do not ask me to make an exception to this policy for you.

It is impossible for me to be available to every client of mine all the time. If you are in crisis, it will be necessary for you to have other resources available for support. One option is Holly Hill Hospital's Respond Line (919 250-7000) which is available twenty-four hours a day. Another is to go to the nearest hospital and ask for the psychiatrist on call.

If I am out of the office, I will have a colleague cover my practice. That person will be available to you by phone and I will leave information about how to contact him/her on my voicemail greeting. Under any circumstance, if you are having a psychiatric emergency, proceed to the nearest hospital emergency department and ask for the psychiatrist on duty. If you cannot safely drive, call 911 and explain your situation.

There may be times when, due to weather conditions, I cancel appointments. If this is the case, I will call to notify you as soon as it becomes clear that travel is not safe. If you believe travel is unsafe and cancel with less than 24 hours notice, you will not be charged for the cancellation even if I am seeing clients.

Finally, the decision to begin therapy is an important one. I am happy to discuss any questions you have about psychotherapy: how it works, what to expect, how to know whether you are making progress, how to know when it is time to stop. I respect that you are investing your time, money and energy to change your life and hope you are able to provide me with any concerns or feedback you have. I look forward to working with you.

**Client Consent to Receive Treatment**

I have read and understand your policies and I agree to abide by them during my course in treatment. I have been given a copy of these policies and the opportunity to discuss them. I understand that my signature indicates that I consent to receive psychotherapy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian for a Minor Child

\_\_\_\_\_  
Date

For \_\_\_\_\_  
Name of Minor Child