

LESLIE RAWLINGS

51 Upper Montclair Plaza, #23, Upper Montclair, NJ 07043

CONFIDENTIALITY STATEMENT

I understand that my discussion which occurs in these sessions are confidential unless there is a signed/written consent to act otherwise. Such exceptions to the understanding of confidentiality include:

medical emergencies, court orders, reported child abuse/neglect and/or plan to commit suicide and/or homicide.

CANCELLATION POLICY

The undersigned hereby indicates that I am financially responsible for payment of weekly sessions on the day of the appointment. In addition, I agree to give a full **48** hour notice (NOT including Saturday/Sunday) for the cancellation of all appointments. Should I fail to give adequate 48 hours notice, I agree to pay for missed visit.

(client name/signature)

(therapist name/signature)