



TOWN OF LEDYARD CONNECTICUT

Department of Youth & Social Services

741 Colonel Ledyard Highway
Ledyard, CT 06339-1551
Telephone (860) 464-8466
FAX (860) 464-8455

Dear Clients of Ledyard Youth Services:

The staff of Ledyard Youth & Social Services would like to take this opportunity to welcome you to our agency. We are pleased to offer our client's and resident's Counseling, Assessment, and Referral services based on your individual needs. However, the Youth Services Department does not provide a 24-hour crisis intervention response system, nor do we conduct psychiatric evaluations.

Please note the following:

- If we decide we are not the appropriate agency to serve you, we will provide you with a referral(s) that we believe is most appropriate for your individual needs. Ledyard Youth & Social Services reserves the right to make the final decision regarding this issue.
- All counseling appointments will be no longer than 50 minutes per session, unless otherwise scheduled.
- All household members are expected to attend the first scheduled session, unless alternative arrangements have been made with your counselor.
- If you are unable to keep an appointment, you **must** provide that department with a **24-hour** advanced notice. In case of a true emergency, i.e. transportation issues, unexpected illness, please call our office at 464-8466 as soon as possible to cancel. If we do not receive 24-hour notice you will be charged a \$10.00 dollar late cancellation fee. The office is equipped with a voicemail system that allows you to leave a message at any time. **If you do not show for a scheduled appointment and have not provided 24-hour notice, you will be charged a \$10.00 "NO SHOW" fee, for each session that is missed.**

Your privacy and confidentiality are very important to us. Absolutely no information about you and/or your treatment will be released without your written permission, **with the exception of the following situation(s):**

1. If you report, or we have reason to suspect a child or household member is being abused or neglected.
2. If you, the client, express serious thoughts of harming yourself or someone else.
3. If we receive a court order or signed release form, compelling our agency to release your clinical record(s).

Except for these limitations, your participation with Ledyard Youth Services is strictly confidential. If you have questions or concerns regarding confidentiality, please discuss this with your counselor at the start of your first session.

If you have questions or concerns regarding the services you are receiving through Ledyard Youth Services please direct them to your counselor at the time of your first visit.

I have read, understand and agree to the information stated above.

Client's signature: _____ Date: _____

Parent's Signature: _____ (If client is less than 16 years of age)

Clinician's Signature: _____