

OFFICE POLICY

Business Hours and Cancellation Policy:

My office hours are by appointment only. If it becomes necessary to cancel or to reschedule an appointment, please provide at least 24 business hours advance notice. For example, to cancel on appointment on Monday, please contact me on the Friday prior to your appointment.

If you are in crisis, or an emergent situation that requires immediate assistance, call 911 or the Alachua County Crisis Hotline at 352-264-6789.

Social Media Policy:

Therapy is private process for clients. I do not utilize Facebook, Instagram, Twitter or similar social media outlets. I will respond to email communication but only to communications regarding scheduling appointments.

Education and Training:

Dr. Cox is a licensed therapist, specializing in therapy for adolescents, adults, couples, and families. He obtained a Master's Degree in counseling psychology from Northwestern University and a specialist as well as doctoral degree from the University of Florida.

Confidentiality:

Communication between any person licensed or certified by the State of Florida under Chapter 491 shall be confidential. However, this confidentiality may be waived under the following conditions, according to Florida State Law 491.0147:

- A. When the person licensed or certified under this chapter is a party defendant to a civil, criminal or disciplinary action arising from a complaint filed by the patient or client. In such case, the waiver shall be limited to that specific action.
- B. When the patient or client agrees to a waiver in writing or when more than one person in a family/marriage is receiving therapy and each family member agrees to the waiver, in writing.
- C. When there is a clear and immediate probability of physical harm to the patient or client or to other individuals, or to society, and the person licensed or certified under this chapter communicates the information only to the potential victim, appropriate family member(s), law enforcement or other appropriate authorities.

Please refer to the website, TherapyWithDirection.com for additional information.

Client Printed Name: _____

Client Signature: _____

Date: _____