

Nature and Limits of Confidentiality

All interactions which take place during therapy / counseling sessions are considered confidential. This includes requests by telephone, all interactions with _____
_____ {counselor/therapist/practice name}, any scheduling or appointment notes, all session content records, and any progress notes.

Your counselor / therapist will not verify or confirm you are a client.

You may choose to give therapist / counselor permission in writing to release specific information about you to any person or agency that you designate.

Limits to This Agreement

In some legal proceedings a judge may issue a court order. This would require your therapist / counselor to testify in court.

If therapist / counselor learns of or believes there is physical or sexual abuse or neglect of any person under 18 years of age, he / she must report this information to county child protection services.

If therapist / counselor learns of or believes an elderly or disabled person is being abused or neglected, he / she must file a report with the appropriate state agency that handles elder abuse.

If therapist / counselor learns of or believes you are threatening serious harm to another person, he / she is obligated to report this. This can be in the form of telling the person you have threatened, contacting the police, or placing you in an inpatient facility.

If there is evidence you are a danger to yourself and therapist / counselor believes you are likely to kill yourself unless protective measures are taken, he / she may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection.

There may be times when therapist / counselor consults with outside sources about cases. In these instances, no personally identifiable information will be used to discuss this case. However, discussion topics will be used to ensure therapist / counselor is getting and giving the best assistance possible. The persons with whom therapist / counselor discusses cases are legally bound to keep this information confidential.

I have read and discussed the above information with my therapist / counselor. I understand the nature and limits of confidentiality.

Signature of Client

Date

Printed Name