

## LIMITS OF CONFIDENTIALITY

For therapy to be effective, it is important for you to know that the information you disclose to me will be treated respectfully and confidentially. Your privacy is very important to me. The relationship between a client and a professional counselor or psychotherapist is protected by law. All information you disclose to me in your session is confidential and will not be disclosed without your written permission. I will neither confirm nor deny that you are a client of mine. I will not speak to friends or family members without your permission. As a rule, if I happen to see you in public, I will not approach you unless you talk to me first. I will not leave messages on your phone unless you have indicated your permission for me to do so. However, this is subject to certain limitations prescribed by the law and applicable ethical codes. Maintenance of confidentiality has the following exceptions:

**\*Duty to Warn and Protect:**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the mental healthcare professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

**\*Abuse of Children and Vulnerable Adults:**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

**\*Prenatal Exposure to Controlled Substances:**

Mental Health professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

**\*Minors/Guardianship:**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

**\*Insurance Providers** (when applicable and following the signing of a Release of Information form by client):

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

**I agree to the above limits of confidentiality and understand their meanings and ramifications.**

Client Signature \_\_\_\_\_

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_