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ADULT CONFIDENTIALITY

You are assured of confidentiality. Only a Release of Information form signed by you may authorize me to discuss information with other individuals. You can revoke this authorization anytime. Also, that I know you or how I know you is confidential. If I see you out in the world, I will not acknowledge you unless you initiate contact. Below are important exceptions to confidentiality that are legally mandated:

1. The law requires that I notify others if I have reasonable cause to believe that a client is a danger to others and disclosure is necessary to prevent the threatened danger.

2. I am also obligated by law to report any suspected child or elder abuse, neglect or molestation, or any other crime against a minor under the age of 18, to protect the children or elders involved. This includes reasonable suspicion that a child has witnessed domestic violence.

3. If I assess a client to be a danger to self, or unable to take care of him or herself.

4. Some legal actions initiated by the patient or the patient's estate may result in the court ordering the release of records.

IF THE CLIENT IS A MINOR, THEIR CONSENT IS REQUIRED BEFORE I CONVERSE WITH A PARENT ABOUT ALL TOPICS INCLUDING DRUGS AND ALCOHOL UNLESS ANY OF THE ABOVE 4 POINTS APPLY.

Lastly, as a parent of a minor client, **YOU** can tell **ME** whatever information you deem pertinent to treatment. You can also ask me to clarify something I may have said to your child during a session. If I am working on goals with your minor, I will keep you informed (with their consent) of the work we are doing in session and may invite you into sessions as needed.

My signature indicates that I have received a copy of the above material, have read it and agree to abide by its terms. I understand that I may question this or any other therapeutic procedure at any time.

Patient Signature _____ Date:_____

Therapist Signature_____ Date:_____