

Confidentiality Form for Expand Your Light

With the exception of special situations numbered below, you have absolute right to confidentiality of your therapy. I will not tell anyone else what you have told me, or even that you are in therapy with me without your prior written permission. Under the Health Care Information Act of 1992, I may under certain circumstances legally speak to another health-care provider or a member of your family about you without your consent, but will do so ONLY in emergency situations. I will protect your privacy to the best of my ability. You may give me permission to share information with whomever you choose, and can revoke that permission at any time. You may request anyone you wish to attend a session with you.

If you wish to communicate with me by e-mail at any point, please be aware that e-mail is not completely confidential.

Seven exceptions to your right to confidentiality:

1. There are some situations that I am legally obligated to take action to protect others from harm. For example: if I believe that a child, an elderly person, or a disabled person is being abused, I must file a report with the appropriate state or local agency.
2. If I believe a client is threatening bodily harm to another, I am required to take protective actions. These actions may include notifying the potential victim, contacting police or seeking hospitalization for the client.
3. If I believe that you are in imminent danger of harming yourself, I may legally break confidentiality and contact police, a local crisis team or a family member.
4. If you tell me of behavior that another named health or mental health-care provider : 1. engaged in sexual contact with a patient, including yourself, or 2. is impaired from practice in some manner due to cognitive, emotional, behavioral or health problems, then the law requires me to report this to the practitioner's state licensing board. I will inform you before taking this step.
5. Confidentiality is NOT protected when a judge makes order's my testimony or other legal procedure. Consult with an attorney if you are involved in a legal situation in which such confidentiality may be at issue.
6. If I am asked to provide services to your spouse, partner, or another member of your family, we will in advance establish the limits of confidentiality. Secrets impede my effectiveness. My policy in most circumstances is that what you say and what we do CAN be shared with other family members I am also working with. ***Do not tell me anything you wish to keep secret from your family*** who are also receiving sessions from me.
7. I may occasionally find it helpful to consult with another professional about a client. I make every effort to avoid revealing the identity of my client. The consultant is also bound to keep the information confidential. I will not tell you about these consultations unless I feel it is important to our work together.

Please discuss any questions or concerns you may have immediately. Our signatures indicates you have read, agree to and understand this document. We have discussed any questions or concerns that you have, and agree to abide by these terms during our professional relationship.

Client Print Name

Client Signature

Date

Confidentiality Addendum for Families **Expand Your Light**

As you know, I am providing AromaTouch/Reiki/Energy services to your spouse, partner or another member of your family. Because of the unique circumstances of this professional relationship, limits of our confidentiality must be established.

My effectiveness is compromised when I put myself in an uncomfortable situation. Therefore, what you say and what we do CAN be shared with other family members I am working with.

Please do not tell me anything you wish to keep secret from other family members who are receiving services from me. If confidential information is a concern, it may be best for each member to work with a different practitioner.

Please discuss any questions or concerns you may have. I am happy to explore any/all issues with you at any time during our sessions.

Client Print Name

Client Signature

Date

Practitioner Print Name

Practitioner Signature

“May the work of my hands be a sign of reverence and gratitude to the human condition”
M.K. Gandhi