

## Limits to Confidentiality

*The following is a list of exceptions to confidentiality for health care providers in California. It is stated in a manner that is “user friendly” for a patient who is beginning treatment and is being informed by the new treating therapist about confidentiality and its limits. Please note that laws are subject to revision and that this list may not represent all the current exceptions to confidentiality.*

Although therapists must always honor your privacy by maintaining confidentiality about your disclosures and securely preserving your records, there are exclusions to this rule. Therapists can (or must) break confidentiality, and take other appropriate actions, as warranted, if:

1. You are a danger to yourself and threaten to harm yourself (e.g., suicidal).
2. You threaten to harm another specific person (e.g., assault, kill).
3. A member of your family informs your treating therapist that you seriously intend to harm another.
4. You are seeking psychological services to enable someone to commit a crime, or to avoid detection or apprehension yourself.
5. You disclose something that your treating therapist is required to report (e.g., child abuse, child sexual assault, and elder abuse). In these cases, therapists are *required* to telephone and file a written notification to the relevant public office, such as Child Protective Services. There is no choice in the matter of reporting.
6. You are under 16 years old and are the victim of a crime.
7. You are under 18 years old and your treating therapist reasonably suspects that you are a victim of child abuse.
8. You are over 65 and your treating therapist believes that you are the victim of physical, sexual, or financial abuse. Also, therapists *may* break confidentiality if you are over 65 and the victim of emotional abuse (but they are not required to do so).
9. You file a lawsuit against your therapist for breach of duty (e.g., incompetence) or your therapist files a lawsuit against you.
10. You have waived your rights to privilege or give consent in writing to limited disclosure by your therapist.

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Signature of Client or Personal Representative

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Printed Name of Client or Personal Representative and Relationship to Client

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Date