

**Limits of Confidentiality**

Client records are stored in locked files and are accessible to Kathleen Shea. Information discussed in the therapy setting is held confidential and will not be shared without permission except under the following conditions:

The client is at high risk for suicide and refuses all therapeutic interventions.

The client threatens harm to another person(s), including murder, assault, or other physical harm.

The client is a minor (under 18) and reports suspected child abuse, including but not limited to, physical beatings, and sexual abuse.

The client reports abuse of the elderly.

If client is involved in court proceedings and the judge issues a court order requiring that the therapist testify.

If client (s) are in danger; suicide, homicide, sexual/physical abuse, etc.

**Immediately contact 911 and or Nearest Hospital for assistance.**

State law mandates that mental health professionals may need to report these situations to the appropriate persons and/or agencies.

Communications between the clinician and client will otherwise be deemed confidential as stated under the laws of this state.

Having read and understood the above, as well as the PHI. I have been offered a copy of the HIPPA Law and consent/ and agree to these limits of confidentiality.

I accept responsibility for full payment and ***agree to pay collection fees incurred (attorney fees, etc.) for any balance due.***

***NOTE: 24-hour notice is required for appointment cancellations. Clients will be charge full price for failed appointments.***

\_\_\_\_\_  
Client or Guardian

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Counselor  
Kathleen M. Shea L.C.P.C. , C.A.D.C.

Date \_\_\_\_\_