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## CONFIDENTIALITY AGREEMENT

In general, the privacy of all communications between a client and a psychotherapist is protected by law. All aspects of your treatment are confidential, and I will need your written permission if you wish me to discuss your treatment with anyone else. Even the fact that you are a client in my practice is protected by confidentiality. However, there are several important exceptions to confidentiality protections:

*Exceptions to Confidentiality:*

1. If I believe, in my professional opinion, that you are an imminent danger to yourself or to someone else, then I must attempt to ensure the physical safety of those involved, even if this means breaking confidentiality.
2. If you give me information pertaining to the abuse or neglect of a child or elder, past or present, and the child is identified, I am required to report this information to the local authorities, even without your permission. I am required to report even a suspicion of child abuse to the local authorities.
3. In most legal proceedings, you have the right to keep your treatment confidential. However, in some cases, I may be subpoenaed or court-ordered to discuss your treatment and/or release your records, even without your permission.

These situations are extremely rare in my practice, but if one of them does occur I will make every effort to fully discuss it with you before taking any action.

I may occasionally find it helpful to engage in professional consultation with another mental health practitioners regarding some aspect of a client's treatment. During the consultation, I do not name the client and I make every effort to avoid revealing any identifying information about the client. The professional I consult with is also legally bound to keep the consultation confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential issues, it is important that we discuss any questions or concerns you have. I will be happy to discuss these issues with you.

I have read the above and agree to these counseling confidentiality parameters.

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Counselee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marie Anderson, MA, LPC

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Date