



**Privacy of Information Shared in Counseling/Therapy:
Your Rights and My Policies**

What to expect:

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. *As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information.* There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law or by the guidelines of my profession to disclose information whether or not I have your permission.

Confidentiality cannot be maintained when:

- You tell me you plan to cause serious harm or death to someone else.**
- You tell me you plan to cause serious harm or death to yourself, I must make sure that you are protected from harming yourself.**
- You tell me you are being abused-physically, sexually or emotionally-or that you have been abused in the past.**

Communicating with other adults:

School: I will not share any information with your school unless I have your permission and permission from your parent or guardian. Sometimes I may request to speak to someone at your school to find out how things are going for you. Also, it may be helpful in some situations for me to give suggestions to your teacher or counselor at school. If I want to contact your school, or if someone at your school wants to contact me, I will discuss it with you and ask for your written permission.

Doctors: Sometimes your doctor and I may need to work together; for example, if you need to take medication in addition to seeing a counselor or therapist. I will get your written permission and permission from your parent/guardian in advance to share information with your doctor. The only time I will share information with your doctor even if I don't have your permission is if you are doing something that puts you at risk for serious and immediate physical/medical harm.

Community agencies: In order to arrange resources and services for you I may need to share general, background information such as your name, age, or general situation. I will get your written permission and permission from your parent/guardian in advance to share information with community agencies.

Probation officers: If you have a probation officer I may occasionally be asked to provide them general updates on how you are doing. I may also be asked to provide a list of the times and dates that we meet. If you reveal that you have plans to hurt yourself, someone else or someone is hurting you I may have to inform your probation officer.

Parent(s) or guardian(s): Except for situations such as those mentioned above, I will not tell your parent or guardian specific things you share with me in our private therapy sessions. This includes activities and behavior that your parent/guardian would not approve of — or would be upset by — but that do not put you at risk of serious and immediate harm. I may share very general updates with them about the progress of therapy, unless you have agreed for me to have more detailed communication with a parent(s).

Adolescent Consent & Parental Agreement to Respect Privacy Adolescent client:

Client: _____

Signing below indicates that you have reviewed the policies described above and understand the limits to confidentiality. If you have any questions as we progress with therapy, you may ask at any time

Minor's Signature _____ Date _____

Parent/Guardian: Please sign below indicating your agreement to respect your adolescent's privacy: I will refrain from requesting detailed information about my child's individual therapy sessions, with the exception of circumstances that, by state law, require the breach of confidentiality. I understand that I will be provided with periodic updates about general progress, and/or may be asked to participate in therapy sessions as needed.

Parent Signature _____ Date _____ Parent Signature _____ Date _____