



**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: (If you are attending school) will not share any information with your school unless I have your permission. 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. Or, if you needs assistance scheduling appointments and organizing medical care. I will get your written permission 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 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.

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Informed Consent

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 can ask your therapist at any time. If you have questions you can contact Sarah Howell at (713) 427-9191 or sarah@starcounselingconsultation.com.

Clients Name: _____

Client's Signature _____ Date _____