

Serenity Helping Hands Therapy Center, LLC

LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect - when a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults - if a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances - Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable) - Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/ times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Scope of Practice: Your service provider is not trained as an expert witness or forensics professional and does not testify in court hearings unless ordered to do so by a court of law.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Printed Name: _____ Date: _____
(Patient/parent/conservator/guardian)

Signature: _____
(Patient/parent/conservator/guardian)