



*Take your life to the next level*

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## **Limits of Confidentiality**

The contents of a counseling, intake, or assessment session are considered to be 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. It is the policy of this company not to release any information about a client without a signed release of information. Noted exceptions are as follows:

### **Duty to Warn and Protect**

\*As part of a larger package of gun control bills passed by the state legislature, NJ has instituted a new law that strengthens the existing NJ Duty to Warn or Protect Law. Effective immediately a licensed health/mental health professional, who has reason to believe that a client poses a threat to themselves or others and that the client is likely to act on the threat, must report this information to the chief law enforcement officer in the municipality where the client lives. If the client lives in a municipality that does not have a full-time police department, the clinician is required to report the threat to the Superintendent of State Police.

When a client discloses intentions or a plan to harm another person, the health care 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 health care professional is required to report this information to the appropriate social service and/or legal authorities.

### **Prenatal Exposure to Controlled Substances**

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### **In the Event of a Client's Death**

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

### **Professional Misconduct**

Professional misconduct by a health care professional must be reported by other health care professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released in order to substantiate disciplinary concerns.

### **Court Orders**

Health care professionals are required to release records of clients when a court order has been placed.

### **Other Provisions**

When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and the name of the company.

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information which 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.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In some cases notes and reports are dictated/typed within the company or by outside sources specializing (and held accountable) for such procedures.

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The information includes (a) testing results, (b) information given to the mental health professional not in the presence of other person(s) utilizing services, (c) information received from other sources about the client, (d) diagnosis, (e) treatment plan, (f) individual reports/summaries, and (h) information that has been requested to be separate. The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each other's presence, is kept in each file in the form of case notes.

In the event in which the mental health professional must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please list where we may reach you by phone and how you would like us to identify ourselves. For example, you might request that when we phone you at home or work, we do not say the name of the company or the nature of the call, but rather the mental health professional's first name only.

If this information is not provided to us (below), we will adhere to the following procedure when making phone calls: First we will ask to speak to the client (or guardian) without identifying the name of the clinic. If the person answering the phone asks for more identifying information we will say that it is a personal call. We will not identify the company (to protect confidentiality). If we reach an answering machine or voice mail we will follow the same guidelines.

Please check where you may be reached by phone. Include phone numbers and how you would like us to identify ourselves when phoning you.

\_\_\_ HOME Phone number: \_\_\_\_\_  
How should we identify ourselves? \_\_\_\_\_  
May we say the company name? \_\_\_ Yes \_\_\_ No

\_\_\_ WORK Phone number: \_\_\_\_\_  
How should we identify ourselves? \_\_\_\_\_  
May we say the company name? \_\_\_ Yes \_\_\_ No

\_\_\_ CELL Phone number: \_\_\_\_\_  
How should we identify ourselves? \_\_\_\_\_  
May we say the company name? \_\_\_ Yes \_\_\_ No

**I/We agree to the above Limits of Confidentiality and understand their meanings and ramifications.**

Client's name (please print): \_\_\_\_\_

Client's (or guardian's) signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client's name (if 14 or older) (please print): \_\_\_\_\_

Client's (if 14 or older) signature: \_\_\_\_\_

Date: \_\_\_\_\_