**Confidentiality**

The confidentiality of communication between patient and psychotherapist is protected by law. We release information about our work together only with your permission. The following are some of the exceptions:

COURTS: Generally, you have a right to prevent your therapist from providing information to a court of law. However, a therapist might be ordered by court to testify in certain legal proceedings such as those related to child custody adoptions, psychiatric hospitalization and court ordered evaluations.

HARMFUL INTENT OR ACTS: If we believe that a child, elderly, or disabled person is being abused, we are required to file a report with the appropriate state agency and breach confidentiality without the patient’s permission. We do try to discuss this with a patient when possible. Also, if in our professional opinion we believe that a patient is threatening serious harm to another, we are required to take protective actions, which may include notifying the potential victim, or seeking the patient’s hospitalization. If a patient threatens him/herself, we may seek hospitalization and/or contact family members/identified social supports.

CONSULTATION WITH OTHER PROFESSIONALS: We sometimes find it helpful to consult about clinical work with other professionals who are legally bound to maintain confidentiality.

USE OF INSURANCE: If you use insurance, we are required to provide the insurer with clinical diagnosis and sometimes treatment plans and clinical summaries. Massachusetts law prohibits insurers from releasing information about outpatient mental health care without specific permission. You cannot be required to consent to such a release as a condition of coverage.

UNDER 18 YEARS OF AGE: If you are under 18 years of age, please be aware that while the specific content of our communication will remain confidential, your parents do have the right to receive general information on how your treatment is proceeding.

I consent to receiving outpatient mental health services. I understand that I may stop treatment at any time and that the therapist may do the same. I have read, understand, and agree to the policies dictated above.

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Patient Signature Dr. Matthew Donlan, DBH, MBA

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Parent/Guardian