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REGISTERED  
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#### LIMITS OF CONFIDENTIALITY

Psychotherapists, as regulated health professionals in the province of Ontario, are required to protect your privacy and maintain the confidentiality of your personal information. This means that your personal information is not shared with other persons or organizations without your written consent; this includes anything that you have discussed in or between sessions, or even the fact that you have accessed psychological services. There are, however, specific situations where all regulated health professionals are required by law to take steps that may involve breaking a client's confidentiality. These situations are described below:

1. In cases involving imminent risk of physical harm to self or another, psychotherapists must take whatever actions are necessary to protect clients or identified third parties, even if these actions involve breaking a client's confidentiality.
2. If information is shared with a psychotherapist that leads to a reasonable suspicion that a child (i.e., an individual under the age of 16 years) is currently experiencing or is at risk for experiencing neglect or abuse (e.g., emotional, sexual, or physical abuse), or is witnessing violence, the psychotherapist must report her or his concerns to local authorities (i.e., local child protective services such as Family and Children's Services). Psychotherapists must make such a report regardless of whether their client has provided consent to share information with child protective services.
3. If a client informs a psychotherapist that s/he has been sexually abused (e.g., sexually assaulted or sexually harassed) by another regulated health professional (such as a physician, psychologist, chiropractor, or dentist), the psychotherapist must report that professional to their own regulatory body. The psychotherapists may not, however, share the name of the client without her or his written consent.
4. If a psychotherapist's records are subpoenaed by the court for any reason, she or he may be required to turn them over as ordered.

Client files are Nancy Sigafoos' responsibility to store securely.

I have had the limits of confidentiality explained to me, and have been given the opportunity to ask questions and request clarification of these limits. By signing this form, I am indicating my understanding that Nancy Sigafoos, MA must comply with these limits to confidentiality in the course of providing psychological services to me.

Print Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_