



Christa Hale-Atkinson, ECE, B.Ed., MA, RP (Qualifying)

43 Victoria Ave., Chatham, ON N7L 2Z9

Phone: 519-436-8321 (text or call)

E-mail: christahaleatkinson@gmail.com

Website: <http://www.rewritewellness.ca>

Limitations to Confidentiality

Dear Client,

Welcome to Rewrite Wellness! While I will make every effort to keep whatever you tell me during our sessions private, you need to know that there *are* some exceptions to confidentiality.

Sometimes, I may need to share things that you have disclosed with other colleagues, professionals, authorities, etc. The circumstances that *may* require me to share information are as follows:

- 1.** If I have a reason to suspect that a child is being neglected or abused. This relates to *any* child that I suspect is being abused; not only *your* child(ren). For example, if you were to disclose to me that you have a niece/nephew, know of a friend's child, etc. who is being neglected or abused, *I cannot keep that a secret*. I am required by law to report this type of information to the local Children's Aid Society and other relevant authorities.
- 2.** If I have any reason to believe that either you, or someone that you know, is in danger of being hurt or killed by you, based on something that you told me. I need to warn/protect the appropriate people to keep you (or the intended victim) safe. I may need to inform your family, your physician, the police, the intended victim, etc. as part of a duty to protect people's safety.
- 3.** If the court orders me to disclose information about our sessions. Please know that I will do everything in my power to only provide the information that is specifically requested, and will absolutely advocate for telling them only what is completely relevant to the situation and/or the questions that they are asking.
- 4.** If you request that I share information with someone else (i.e., a doctor, a psychiatrist, etc.) In this case, I would advise you to make the request well in advance so that you have an

opportunity to look through your file and see what information it contains. This way there are no surprises with what other people are able to find out from the file/information that I share with them!

5. If you decide to file a lawsuit against me, or make a complaint, I may use the information from our sessions in my defense.

Also note that occasionally I may consult with other professionals (colleagues and/or supervisors) to get their opinions, and support, and I will make every effort to preserve confidentiality in this situation. *I will not use your name, or any identifying details whatsoever.*

If you have any questions at all about these limits to confidentiality, please do not hesitate to ask me, and I will provide clarification! I will also remind you periodically of the limits to confidentiality to ensure that you are familiar with them, and can make informed choices about what/whether to disclose. Please know that your privacy is *very* important to me, and your trust is crucial for success in our therapy sessions. I will do all that I can to make you feel comfortable and to prove that you can trust me. I look forward to working with you!

Please sign below to indicate that you have read and agree with the above information and consent to the procedures described above:

(Client's Signature)

(Date)