#### CONSENT FOR CONSULTATION WITH JANE RUBENSTEIN

### **Limits of Confidentiality**

What you discuss during your appointment is kept confidential. No contents of the appointment whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

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

If you disclose a plan or threat to harm yourself, I must attempt to notify your family and notify legal authorities. If you disclose a plan or threat to harm another person, I am required to warn the possible victim and notify legal authorities

#### Abuse of Children and Vulnerable Adults

If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. elderly, disabled or incompetent) I must report this information to the appropriate agency and/or legal authorities

# Prenatal exposure to Controlled Substances

I must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or unborn child

## Minors/Guardianship

Parents or legal guardians of non-emancipated minors have the right to access the client's records

By signing below, I agree to the above limits o	f confidentiality and	d understand their	meaning and
ramification			

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Client Signature	Date:

Jane Rubenstein APRN-C, MSN Certified Nurse Practitioner