**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. However there are exceptions to this. Noted exceptions are as follows:

**Duty to Warn and Protect**

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 may 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.

**Minors/Guardianship**

Parents or legal guardians of nonemancipated minor clients may have the right to access the client’s records. However, it is recommended that parents or guardians seek the written consent of the client first before making any requests for this information. In some cases this information may be withheld if it is deemed in the best interest of the minor client to do so. Decisions about giving or withholding information will be at the clinical judgment of the therapist in consultation with other professionals and according to current ethical and legal standards.

**Non-payment**

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 clinic. **This may have a negative impact on your credit score.**

**Consultations**

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. Only clinical information about the client is discussed.

**Couples, Groups, Families**

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each other’s presence, is kept in a separate couple’s file in the form of case notes.

**Contacting by phone**

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.

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:

 May we say the clinic name? Yes No

 CELL Phone number:

 May we say the clinic name? Yes No

\_\_\_\_\_EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does anyone else have access to your email? Yes No

**I agree to the above limits of confidentiality and understand their meanings and ramifications**.

Client’s signature: Date: / /

Parent/guardian/witness signature: Date: / /