

**ACKNOWLEDGEMENT OF CONFIDENDIALITY**

**Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONFIDENTIALITY POLICY**

The session content and all relevant materials to the client’s treatment will be held confidential unless the client requests in writing to have all or portions of such content released to a specifically named person/persons.

Quilted Hearts Marriage & Family Therapy, PLLC maintains a strict policy of confidentiality. Quilted Hearts Marriage & Family Therapy, PLLC protects the privacy of clients receiving therapy by not disclosing name or personal business outside of sessions.

However, there are circumstances in which (the least amount possible of) confidential information may be disclosed. They are as follows:

\* As a licensed therapist, I am a mandated reporter for the state of Texas. If I have reasonable suspicion of abuse of a child under 18, an elder 65 or older, or a dependent & vulnerable adult, it is my policy to report my suspicion to the appropriate designated agency.

\* If a client threatens or attempts to commit suicide or otherwise conducts him/herself in a manner in which there is a risk of incurring serious bodily harm, I have a moral responsibility to make a good-faith effort to protect the life of the client.

\* If a client makes a serious threat of bodily harm or death to another person or threatens to damage their property, I have a moral responsibility to protect the intended victim(s).

\* If a court of law issues a legitimate order for information stated on a court order, I am obligated to meet the requirements of that order.

\* If I need to consult with other professionals in their areas of expertise in order to provide the best treatment for you, then I may share information about you in this context, however, without the disclosure of personally identifying information.

\* In a medical emergency (for example, you pass out in my office and I call 911), I may provide the minimum necessary confidential information to the responder so that you may receive treatment.

**\_\_\_\_\_\_\_\_\_\_\_\_ I consent to sharing information provided here. I have read and understood the content of the section THE THERAPEUTIC PROCESS.**

**CONFIDENTIALITY WITH MINORS**

Communications between therapists and patients who are minors (over 12yo, but under 18) are confidential. However, parents and other guardians who provide authorization for their child’s treatment are often involved in their treatment. Consequently, in the exercise of my professional judgment, I may discuss the treatment progress of a minor patient with the parent or caretaker. Patients who are minors and their parents are urged to discuss any questions or concerns that they have on this topic with me.

#  **Client #: \_\_\_\_\_\_\_\_**

**TELEHEALTH (VIDEO SESSIONS)**

 I offer therapy in the form of video sessions (“telehealth”), but this is strictly a stopgap measure for interim sessions offered to existing clients who are unable to get to my office due to unforeseen circumstances. I will not provide video sessions as a sole modality for treatment. If you are interested in using telehealth as a therapy modality, please let me know so we can discuss how it can be used.

If you think video therapy sessions would be beneficial to you, please consider the following:

\* The telehealth service I use with my practice adheres to the required HIPAA security standards.

\* Although you may benefit from telehealth sessions, there is no guarantee that they will yield positive or intended outcomes, or results similar to in-office sessions.

\* There are risks and consequences from using telehealth. Sessions may be interrupted or the transmission distorted as a result of technical failures. If we cannot maintain a sufficiently clear audio and video connection while using telehealth, I will recommend terminating video sessions and returning to in office appointments.

\* Telehealth-based services may not be as complete as in-person services. Through video sessions, I may not be able to see non-verbal communication or other sensory observations that I am able to experience in person.

\* I have a professional responsibility to evaluate if I believe you are being best served by telehealth therapy. If I determine telehealth is not an effective means for providing therapy sessions to you (for example, someone in your proximity keeps interrupting our session), I will make this recommendation and terminate the use of this means of communication. If you choose to withdraw consent for ongoing sessions because you prefer telehealth, I will do my best to provide you with a referral if you want one.

\* Video sessions are not recorded and stored. The session is documented in a progress note just like any in-office session.

\* All laws regarding the confidentiality of healthcare information and a patient’s rights to his or her medical information also apply to video sessions.

\* The limitations of confidentiality (e.g., mandated reporting of abuse, threats of self-harm or suicide, etc.) also apply to video sessions.

\_\_\_\_\_\_\_\_\_\_\_\_\_ **I consent to sharing information provided here. I have read and understood the content of the sections CONFIDENTIALITY and CONFIDENTIALITY WITH MINORS.**

**TERMINATION OF TREATMENT**

* Should you fail to schedule an appointment for three consecutive weeks, unless other arrangements have been made in advance, for legal and ethical reasons, I must consider the professional relationship discontinued.
* Should you fail to appear for two consecutive appointments, unless other arrangements have been made in advance, I will consider the professional relationship discontinued. To reinstate, please call the office and schedule an appointment.

Ending relationships can be difficult. Therefore, it is important to have a termination process in order to achieve some closure. The appropriate length of the termination depends on the length and intensity of the treatment. As long as it is safe for both of us, I will make an effort to discuss terminating therapy with you. Optimally, we mutually agree to end therapy. For the most part, you can decide when you want to terminate. You can end therapy at any time and you don’t

#  **Client #: \_\_\_\_\_\_\_\_**

even need a reason. At the same time, the decision to end therapy can also be mine. If in the course of treatment, I determine that our continuing therapy may not be good for either one or both of us, I have an ethical responsibility to let you know, work with you to find an appropriate referral, and end therapy. Should this course of action need to happen, it will take place after consultation with other professionals and careful consideration, but all of this can occur outside of your knowledge.

**\_\_\_\_\_\_\_\_\_\_ I consent to sharing information provided here. I have read and understood the content of the section TERMINATION OF TREATMENT.**

**OTHER IMPORTANT CONSIDERATIONS**

**Q:** Can we be Facebook friends, Twitter co-followers, or share on social media platforms?

**A:** No. Sharing our social media profiles blurs the boundary between our respective privacies and creates a risk for a dual relationship (e.g., therapist and friend). I really don’t need to know what goes on in your personal life outside of what you bring into your sessions. Social media profiles are private. I do not review my client’s social media profiles unless the client is present and we determine that such review will be beneficial to the therapy process.

**Q:** Can we end therapy and just be friends or start dating?

**A:** No. Once I begin to serve you in a professional capacity (which starts at the initial phone call), friendship or romantic involvement is out of the question. Erotic attraction is a natural part of being human and can occur as a part of the therapeutic process. We can explore erotic attraction in therapy as it may help you develop a better understanding of yourself as you relate to others.

**Q:** How long will therapy take to complete?

**A:** Over the course of therapy, I will attempt to evaluate whether the therapy provided is beneficial to you. Your feedback and input are an important part of this process. It is my goal to assist you in effectively addressing your problems and concerns. However, due to the varying nature and severity of problems and the individuality of each patient, I am unable to predict the length of your therapy or to guarantee a specific outcome or result.

**Q:** What is my diagnosis?

**A:** You are welcome to inquire about your diagnosis at any time during a session and we can discuss how I arrived at it. I prefer to avoid using diagnostic labels because the label itself does nothing to bring about change. It only provides a name for a list of diagnostic criteria.

**Q:** What happens if I run into you at the mall or a public place?

**A:** If we see each other accidentally outside of the therapy office, I will not acknowledge you first. Your right to privacy and confidentiality is of the utmost importance to me, and I do not wish to jeopardize your privacy. However, if you acknowledge me first, I will be more than happy to speak briefly with you. That being said, I do feel it would not be appropriate to engage in any lengthy discussions in public or outside of the therapy office.

\_\_\_\_\_\_\_\_\_\_\_ **I consent to sharing information provided here. I have read and understood the content of the section OTHER IMPORTANT CONSIDERATIONS.**

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Client Signature Date

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Therapist Signature Date