



Limits of Confidentiality

Although psychotherapy is confidential; there are exceptions to these limitations as stated below.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self harm: Depression is a common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide, steps need to be taken to ensure safety.

This would include notifying the legal authorities as well as making reasonable attempts to notify the family.

Animal abuse: I will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and /or legal authorities.

Prenatal Exposure to Controlled Substances: In keeping with protecting the vulnerable populations, mental health providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Seeking Consultation: Occasionally, I may need to consult with other professionals in their areas of expertise in order to provide the best treatment for you. Information about you may be shared in this context without using your name.

Legal Proceedings: If a court of law issues a legitimate subpoena for information stated on the subpoena. If a client is in therapy or being treated by order of a court of law, or if information is obtained for the purpose of rendering an expert's report to an attorney.

Insurance Providers: Information requested includes description of impairments, dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries.

I have read and understand the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information, I understand that I will be provided with a Release of Information form.

Client Signature

Date

Clients Partner/Spouse or Family Members Signature

Date

Counselor Signature

Date