



## **Limits of Confidentiality**

Contents of all treatment/therapy sessions are considered to be confidential. Both verbal and written records about a patient/client cannot be shared with another party without the written consent of the patient/client or his/her legal guardian. **Noted exceptions** are as follows:

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

When a patient/client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim or report this threat to the appropriate authorities. In cases which the patient/client discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify family of the patient/client and any other individual or entity as allowed by the law.

### **Abuse of Children and Vulnerable Adults**

Mental health professionals are required to report any pertinent information about abuse of a child or vulnerable adult. A report may be filed if a patient/client states or suggests any of the following:

The patient/client is abusing a child (or vulnerable adult)

The patient/client recently abused a child (or vulnerable adult)

The patient/client reveals that a child (or vulnerable adult) is in danger of abuse

### **Insurance Providers (when applicable)**

Insurance companies and other third party payers are given information that they request regarding services to patients/clients. Information that may be requested includes types of services, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes and summaries.

### **Courts**

If your records are requested by a valid court order, we must comply with the court order.

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

Patient Signature: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_