

INFORMED CONSENT FOR CONFIDENTIALITY

If anyone requests information about me, my therapist will not give it unless I have signed a separate written authorization for her to do so. My therapist will not discuss anything about me with anyone without my permission, except as noted below:

- If I use insurance benefits, my therapist cannot guarantee confidentiality from the insurance company.
- If my therapist learns that I have been abused as a child, spouse, or vulnerable adult (or if I am a child, spouse or vulnerable adult and report having been recently abused), she must report it to the proper authority.
- If my therapist has good reason to believe that I intend to physically harm myself or someone else, she will discuss it with me and may be required to warn that person or persons (the Tarasoff Duty to Warn), or to take steps to prevent such harm.
- If my therapist has good reason to believe that I may be of danger to myself, she will contact at least one concerned person and / or take steps to prevent such harm.
- If I give permission to release my records to a legal representative of my choice, these records could become discoverable by other legal representatives. If subpoenaed by the courts to release my records I may have to do so.
- my therapist may discuss my case with other clinicians and/or outside professional case consultation groups. Identifying information (such as name) will not be shared without written permission.

All non-emancipated minor clients under the age of 19 years old must have the consent of their parents following an initial intake session to receive further treatment services. All minors have the right to request that their record be withheld from their parents. No information will be provided to parents of minors without the knowledge of the clients.

My signature below indicated that I have read, discussed, and understand the information above.

_____ Date _____
Client Signature

Legal Guardian / Relation to Client _____