



Statement Regarding Confidentiality

Information shared in this office is confidential except under certain circumstances. These include:

- You sign a Release of Information for me to talk with another person (usually a physician, previous therapist, teacher, etc.). If you have a Guardian or Authorized Representative, that person could also sign the Release.
- You express your intention to harm yourself or I observe and believe that your emotional/mental state puts you at risk to do so.
- You express that you intend to do bodily harm to another person.
- You share that you are emotionally, physically or sexually abusing or neglecting a child, or an elderly or disabled person.
- You are under 18 and you share that you are currently or have been physically or sexually abused, or I determine that you are at significant risk for abuse.
- I receive a signed order by a judge to testify in court, or to provide records.
- I am required to share information under Federal or state law or regulation.
- I am required to share information by the Board of Social Work Examiners or the Office of the Attorney General during the course of an investigation.
- Your insurance company requests information relative to payment of your claim, or another process is required to collect unpaid fees for service, or I am involved in any legal defense related to your treatment.
- You are a defendant in a criminal proceeding and you need me to speak on your behalf.
- You are currently receiving mental health services and/or are taking medication for a mental health condition, or if you need psychiatric care while receiving therapy, or if you have had previous mental health services. In this case, I will request that you give me permission to speak with your prescribing physician, therapist, or clinic.



Statement Regarding Confidentiality

- You complain of physical symptoms, or you develop any serious physical symptoms while receiving counseling/therapy. In this case, I will request that you obtain a physical examination to rule out any medical basis for symptoms and allow me to speak with your physician.
- In the above instances, I will take appropriate action to ensure your safety. Otherwise, I may not reveal any information about you without your written permission. When insurance companies require me to submit clinical information about you to authorize additional sessions, I try to complete insurance treatment forms together with you so you will know exactly what is being written/said about you.

Please remember that I have no control over the confidentiality of any information once it is disclosed outside this office. If you have any questions about who has access to your information, please contact others to whom you have authorized information to be released.

Signed: _____ Date: _____