

## **CONFIDENTIALITY AGREEMENT**

I understand that my therapist/counselor/coach is committed to applicable ethical codes and subject to State and Federal laws and I have been given notice of the privacy policies and practices.

I, \_\_\_\_\_ (print name), understand that the relationship between myself/my relationship/my family and the counselor is a professional relationship and our sessions are confidential. The counselor will not use this information for personal gain or disclose this information to anyone else without my specific approval. All our communication is confidential information which may be used only in the process of treatment, payment and operations. Exceptions to this confidentiality may arise in case of danger of death or serious harm to self and/or others, by a court order or in compliance with state laws to protect or report abuse of a child or vulnerable adult. I agree to pay the associated fees for services rendered. I agree to provide at least 24 hours' notice prior to any cancellation or rescheduling and that failure to do so will result in a surcharge.

**Limits of Confidentiality:** What you discuss during your therapy session is kept confidential. No contents of the therapy sessions, whether verbal or written may be shared with another party without your written consent or the written consent of your legal guardian. The following is a list of exceptions:

*Duty to Warn and Protect:* If you disclose a plan or threat to harm yourself, the therapist must attempt to notify your family and notify legal authorities. In addition, if you disclose a plan to threaten or harm another person, the therapist is required to warn the possible victim and notify legal authorities.

*Abuse of Children and Vulnerable Adults:* If you disclose, or it is suspected, that there is abuse or harmful neglect of children or vulnerable adults (i.e. the elderly, disabled/incompetent), the therapist must report this information to the appropriate state agency and/or legal authorities.

*Prenatal Exposure to Controlled Substances:* Therapists must report any admitted prenatal exposure to controlled substances that could be harmful to the mother or the child.

*Minors/Guardianship:* Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

*Insurance Providers:* Insurance companies and other third-party payers are given information that they request regarding services to the clients.

The type of information that may be requested includes: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, summaries, etc.

Signature of client: \_\_\_\_\_

Signature of guardian: \_\_\_\_\_

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