

LIMITS OF CONFIDENTIALITY

Psychotherapy is confidential, except under the following circumstances:

Duty to Warn

Psychotherapists are mandated by California law to report pertinent information discussed in therapy when a client discloses an intent or plan to harm another person. This includes notifying legal authorities and informing the intended victim.

Suicide/Self harm

When a client discloses a plan for self-harm or suicide, psychotherapists are ethically required to explore any plan, intent and means to carry out the danger-to-self plan in order to ensure client safety. If there is a high degree of concern, a safety plan will be discussed with the client that includes notifying designated Emergency Contacts, relevant family members and notifying other mental health providers or legal authorities as necessary to ensure safety.

Vulnerable Adults and Children

Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable elder or dependent adults to the appropriate protective social service agencies and/or legal authorities in the case of physical or sexual abuse.

Prenatal Exposure to Controlled Substances

Mental Health Providers are required to report a mother's use of controlled substances during pregnancy that are potentially harmful to the fetus.

Animal abuse

In addition to attention to safety for vulnerable children and adults, incidents of animal abuse, cruelty, or neglect will be reported to the Society for the Prevention of Cruelty to Animals for protective intervention.

Minors/Guardianship

Parents or legal guardians have the right to access a minor client's health information. Minors age 12 and over can provide consent for their own treatment. Any parent's or legal guardian's request to receive a minor client's private health information that would cause serious harm to a minor's safety will be reviewed and release of information determined on a case-by-case basis.

Insurance Providers

In order to assist clients in seeking reimbursement for psychotherapy services, information requested by insurance providers regarding dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries will be discussed with the client to review consequences, obtain permission and provide as necessary.

I have read and understand the above described exceptions to maintaining confidentiality of my private health information. I accept the consequences in the event my psychotherapist may need to disclose my private information as a result of any of the above circumstances. Other than these noted exceptions, I understand that if there are reasons to disclose my protected, confidential information, I will be provided with a Release of Information form to authorize any such disclosure.

Signature: _____ Date: _____