## **CONFIDENTIALITY DISCLOSURES**

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All information disclosed between sessions, and the records of treatment, are confidential and may not be revealed without your written permission, except where disclosure is required by law. Disclosures that are required by law include the following circumstances:

- \*\* Child abuse (where there is knowledge or reasonable suspicion).
- \*\* Dependent adult or elder abuse (where there is knowledge of physical abuse).
- \*\* Client makes a serious threat of physical violence to another person

The above laws apply whether or not I believe that making a report is in your best interest therapeutically.

If, during our work together there is an emergency, or I become actively concerned about the possibility of your injuring yourself, or someone else, it is my ethical responsibility to contact the person(s) whose name(s) you have provided in the biographical sheet, and/or to take such other steps as I deem necessary for the preservation of human safety.

Pursuant to a legal proceeding: If you place your mental health status at issue in litigation initiated by you, the defendant may have the right to obtain the psychotherapy records and/or testimony by your therapist.

In couple's therapy confidentiality and privilege do not apply between the couple. I will use my clinical judgment when revealing any information, taking your wishes into consideration.

Disclosure of confidential information may be required by your health insurance carrier and/or HMO/PPO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier.

Note that total privacy from disclosure to insurance companies is only possible if you do no use insurance to pay for your psychotherapy, i.e. if you self-pay.	
I, (Print Name)	, have read the above and I understand
that these confidentiality issues are	a matter of law, and that if I am in mental health
treatment, they are automatically bind	ing.

Signature