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Limits of Confidentiality

All of your (and your child's) communications with me are covered by the laws of confidentiality except in the following circumstances:

- 1) If you (or your child) intend to harm another person, I am legally bound to warn the authorities and/or family of the person you (or your child) intend to harm.
- 2) If you (or your child) pose a life-threatening danger to yourself (or to your child), it is my duty to warn the authorities and/or your family members.
- 3) If you (or your child) disclose that you (or your child) or someone you know has been, or is currently, involved in child abuse, elder abuse, or abuse of a disabled person, I am legally required to make a report to the appropriate authorities.
- 4) If your (or your child's) therapy costs are covered by insurance, the insurance company will always require, at a minimum, a diagnosis and a record of dates of service. Many insurance companies also require a written progress report and treatment plan. When you sign your insurance claim form, you are waiving your right to confidentiality and granting them access to your records.
- 5) If you (or your child) become involved in legal processes that involve questions of your medical or mental health, you may be giving up some of your rights to confidentiality. In such a case, your medical records (which include mental health/therapy records) may be subpoenaed. Questions regarding the limits of confidentiality under those circumstances should be discussed with your attorney.

I have read and understand the Limits of Confidentiality as described above, and I agree that my (or my child's) therapy will be conducted within these safeguards and exceptions.

By entering your typed name, you agree that the provided "e-signature" will be the electronic representation of your signature for the purposes of this document. You further understand your electronic signature will have the same legally binding effect assigning your signature using pen and paper. Submission of this signed and dated document shall evidence acceptance of your acknowledgement and consent.

SIGNATURE _____ **DATE** _____