

# Limits of Confidentiality

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Psychotherapy is confidential, with the below stated exceptions.

**Duty to Warn:** Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person.

**Suicide/Self Harm:** Depression is a common emotion expressed in therapy. If a client is feeling hopeless enough to imply or disclose a plan for suicide, steps need to be taken to ensure safety. This would include making reasonable attempts to notify the clients' family or the person identified by the client as an emergency contact.

**Animal abuse:** I will report animal abuse, including cases of neglect and hoarding.  
**Vulnerable Adults and Children:** Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies.

**Prenatal Exposure to Controlled Substances:** in keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

**Minors/Guardianship:** Parents or legal guardians have the right to access the health information of a client who is a minor. Age of adult for psychotherapy is 18.

**Insurance Providers:** Information requested includes description of impairments, dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries.

*The information indicated above may not be an exhaustive list of circumstances that pertains to the limits of confidentiality. Additional information will be discussed with clients during the intake process, the initial session.*

I have read and understand the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information form.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_