Lu Moss Nelson, Ph.D.

Limits to Confidentiality

All written and verbal communications between you and your therapist cannot be shared with another party and will be held in strict confidence unless you provide written permission to release information about your treatment. Noted exceptions are as follows:

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Duty to Warn and Protect
A therapist is a mandated reporter and is required under law to 'warn and protect'. If a client discloses intentions or plans to harm another person, the therapist is required to warn the intended victim and report this information to legal authorities. In addition, therapists may be required or permitted to break confidentiality when they have determined that a patient presents a serious or life threatening harm to themselves. The therapist is legally obligated to take whatever actions seem necessary to protect the client from harm.

Abuse of Children and Vulnerable Adults
If a client states or suggests that he or she is abusing or has recently abused a child (or dependent, impaired or senior adult) or that there is danger that a child (or dependent, impaired or senior adult) will be abused, a therapist is required to report this information to the appropriate social service and/or legal authorities.

Minors and Confidentiality
Communications between therapists and clients who are minors (under the age of 18) are confidential. However, parents and other guardians are usually involved in their treatment. Consequently, a therapist, in the exercise of his or her professional judgment, may discuss the treatment progress of a minor patient with the parent.

Insurance Providers
Insurance companies require information regarding their subscribers. The information that may be requested includes type of service, dates/times of services, diagnosis, treatment plans and description of impairment, progress of therapy, case notes and summaries.

I have read and agree to the above limits on client confidentiality and understand their meanings and ramifications.

_____

Client's name (please print)

_____   _____

Client's signature (Client's parent or guardian if under 18)   **Date**