



CONFIDENTIALITY AGREEMENT

CONFIDENTIALITY

Your sessions might include sharing very private information. To some extent my ability to guide you through these sessions will depend on how open you are to sharing this information i.e. your ideas, feelings, and actions. In order to protect your information, protect you personally, and to enable you to share information comfortably, your rights are protected by this agreement.

The law requires a therapist or counsellor to treat all information about their clients as confidential, and not to be shared with a third party, without written consent of that specific client.

This means that, with some very limited exceptions (noted below), your information cannot be revealed or shared without your permission.

If you do ever require me to share information with a third party, you will be required to sign a written authorization form, which meets certain legal requirements.

MINORS

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your session records.

EXCEPTIONS TO CONFIDENTIALITY

There are exceptions to confidentiality that you should know about. Please note that while most of these situations are rare, they are important for you to understand. Exceptions to confidentiality include, but are not limited to, the following:

1. If you threaten to harm someone else, I am required under the law to take steps to inform the intended victim and appropriate law enforcement agencies.
2. If you threaten to cause severe harm to yourself, I am permitted to reveal information to others if I believe it is necessary to prevent the threatened harm.
3. If you reveal or I have reasonable suspicion that any child, elderly person, or incompetent person is being abused or neglected, the law requires that I report this to the appropriate county agency.
4. If a court of law orders me to release information, I am required to provide that specific information to the court.
5. If you are or become involved in any kind of lawsuit or administrative procedure where the issue of your mental health is involved, you may not be able to keep your records or therapy private in court.

AGREEMENT

I, _____ agree to and understand the terms of this confidentiality agreement in full.

Client Signature		Therapist Signature		Date	
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