

## CONFIDENTIALITY

Confidentiality of information provided to me by patients is fundamental to the psychologist's responsibility. This sheet was prepared to clarify my legal and ethical responsibilities regarding this important issue.

Personal information that you share with me may be entered into your records in written form. However, an effort is generally made to avoid entry of information that may be especially sensitive or embarrassing. The only individuals with access to my files are staff members who provide direct services to you or who perform related clerical tasks. All of these persons are aware of the strict confidential nature of the information in the records. Persons from outside my office are not allowed access to my files. Please note, however, that insurance companies and managed care companies may request to inspect any information contained in your file.

## **RELEASE OF INFORMATION TO OTHERS**

If, for some reason, there is a need to share information in your record with someone not employed here (for example, your physician or another therapist), you will first be consulted and asked to sign a form authorizing the transfer of the information. Because of the sensitive nature of the information contained in some records, you may wish to discuss the release of this material and related implications very carefully before you sign. The form will specify the information, which you give me permission to release to the party and will specify the time period during which the information may be released. You can revoke your permission at any time by simply giving a written notice.

## **EXCEPTIONS TO CONFIDENTIALITY**

There are several important instances when confidential information may be released to others. **First**, if the Court ("court-ordered") has referred you to my office, you can assume that the Court wishes to receive some type of report or evaluation. You should discuss with me exactly what information might be included in a report to the Court **BEFORE** you disclose any confidential material. In such instances, you have a right to tell me what you want me to know.

**Secondly**, if you are involved in litigation of any kind and inform the Court of the services that you received from me (making your mental health an issue before the court), you may be waiving your right to keep your records confidential. You may wish to consult your attorney regarding such matters before you disclose that you have received treatment.

**Thirdly**, if you threaten to harm either yourself or someone else and I believe your threat to be serious, I am obligated under the law to take whatever actions seem necessary to protect people from harm. This may include divulging confidential information to others and would only be done under unusual circumstances where someone's life appeared to be in danger.

**Fourth**, if I have reason to believe that you are abusing or neglecting your children, I am obligated by law to report this to the appropriate state agency. The law is designed to protect children from harm and the obligations to report suspected abuse or neglect is clear in this regard.

**Fifth**, when the abuse of an elderly person is known or suspected, reporting is required by State Law.

**Sixth**, if you initiate a lawsuit against your therapist.

In addition, there may be some other rare instances in which you waive your rights to have your records protected. If you are involved in any type of current or potential legal difficulties, I suggest that you discuss such matters with your attorney before informing others of the services you have received here.

In summary, I make every reasonable effort to safeguard the personal information which you may share with me. There are, however, certain instances when I may be obligated under the law to release such information to others. If you have any questions about confidentiality, please discuss them with me.

**I HAVE READ AND UNDERSTOOD THE POLICY ON CONFIDENTIALITY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**As parent or guardian of the above minor child or client, I voluntarily give my permission for his/her permission as a client.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date