**Confidentiality:**

HOLDING HOPE COUNSELING

I understand that no information about me will be disclosed or released to another party without my written consent except under the following circumstances:

* If I present a serious danger to myself or another person.
* If I was abused (physically or sexually) or neglected as a child, and if other minor children are currently at risk of being abused or neglected by the person(s) who abused me.
* If I am under 18 years of age and disclose abuse or neglect to my counselor.
* If my therapist learns that an elderly person, dependent adult, or minor child is being abused or neglected.
* If I have physically or sexually abused a minor child and that child or other minor children are at risk of ongoing abuse.
* If a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

Initial here if you have read and understood this section. \_\_\_\_\_

**Limitations to Confidentiality for Groups/Workshops:**

Although the therapist is bound by law and ethics to maintain confidentiality (except in cases noted above), this confidentiality cannot be guaranteed within the context of group therapy or workshop settings. I will do my best to stress to group/workshop participants that confidentiality is expected and important for each person to feel a sense of safety in disclosing personal information, however, I cannot be held responsible for disclosures made outside of the group/workshop by other participants in the group or workshop.

Initial here if you have read and understood this section. \_\_\_\_\_

Please sign/date to acknowledge that you have read and understood the guidelines regarding confidentiality:

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Signature of **Client Date** Signature of **Client** Date