

THE NATURE OF CONFIDENTIALITY

1. As a therapist, I strive to provide a safe haven in which you can openly disclose and explore very personal issues. I am committed to preserving your right to privacy, within the limits of the law. There are issues surrounding confidentiality of which you should be aware.
2. There are certain situations in which a therapist is required by law to reveal information obtained during therapy. **Disclosure is required by law in the following circumstances:**
 - a. A reasonable **suspicion of abuse/neglect of a child or vulnerable adult**. A report must be made to appropriate protective agencies.
 - b. When you **threaten grave bodily harm to others**. As a therapist, I have a duty to warn those you have threatened.
 - c. When you are **suicidal or threaten significant bodily harm to yourself**. I have a duty to obtain help from others such as family members or other professionals to do what is necessary to keep you safe.
 - d. When a court of law issues a legitimate **court order** (signed by a judge).
 - e. When you are in a **probation or parole period** or other legal situation that would require disclosure.
3. Except in the above circumstances, I will release information about you **ONLY** if you provide a **written authorization or request**. Releases of information for families/couples in therapy require the written permission of **every member** of the treatment unit in order to execute a waiver.
4. If I see a **child under the age of consent** (younger than 16), all custodial parents have a right to information shared in the session. However, parents should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the child and therapist.
5. There are special **confidentiality concerns for families and couples** in treatment.
 - a. A couple or family is seen as a "treatment unit".
 - b. I will not reveal any individual confidences to others in the treatment unit.
 - c. It is important for you to be aware that **secrets** kept from family members are generally not healthy for you or your family. For this reason, if any individual member or subset of the treatment unit discloses a confidence that has bearing on other family members, I will encourage the person(s) to reveal the information to the other members. I will support you in finding ways to make such a disclosure.
 - d. Should you reveal to me a secret that you refuse to disclose to others, and which puts me in a position of hurting my honest relationship with other members in the treatment unit, I will recommend termination of the therapy.

I affirm that I have read and understood the Nature of Confidentiality. I have had an opportunity to ask questions and have had my questions answered satisfactorily.

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date

Name

Signature

Date