



CONFIDENTIALITY POLICY
ID # _____

Our work with you and your family at Angel House Bereavement Center is confidential. The information you share with the staff, volunteers, and other participants is private. Your right to privacy will be strictly maintained. There are, however, some important **exceptions** to confidentiality that are explained below. Please read the seven exceptions to confidentiality before signing this form.

EXCEPTIONS TO CONFIDENTIALITY

1. Abuse and Neglect
Florida law requires our staff to report to the appropriate authorities any suspected physical, sexual or emotional abuse or neglect of a child, elderly person or disabled person.
2. Intent to Harm Self
If we believe you have a specific intent to harm yourself, we reserve the right to inform other members of your family and/or make appropriate referrals (including seeking hospitalization for you.)
3. Intent to Harm Someone Else
If we believe you intend to harm someone else, we will take steps to protect the intended victim, including contacting law enforcement and informing the intended victim.
4. Court Orders
If information is ordered by the Court, including a subpoena, we will assert to the Court that the information is privileged. Additionally, we will attempt to contact you about the order. If you oppose the release, the Court may still require compliance with the order and your information would be released.
5. Substance Use
If we come to believe there is drug and/or alcohol use or abuse by a child or adolescent, we reserve the right to inform the parent.
If we suspect a participating adult is using drugs and/or alcohol before an appointment, we reserve the right to decline further services.
6. Group
These rights and exceptions to confidentiality apply to information disclosed in support groups. All group members are encouraged to keep such information confidential, but the staff of Angel House Bereavement Center cannot guarantee they will do so.
7. Case Examples
At times, Angel House Bereavement Center may use case examples of children, adolescents, adults and their families in publishing journal articles, conducting professional trainings or in fund raising efforts. We may anonymously refer to your situation in those circumstances. However, no names or identifying information will be used without specific written approval.

IN SIGNING THIS DOCUMENT I ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT ANGEL HOUSE BEREAVEMENT CENTER'S CONFIDENTIALITY POLICY. I HAVE READ AND UNDERSTAND ALL EXCEPTIONS TO CONFIDENTIALITY.

CLIENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

WITNESS SIGNATURE _____ DATE _____