

As your therapist, my goal is to provide a safe place for you to openly explore personal and relationship issues. I am committed to guarding your right to privacy, within the limits of the law. There are certain situations in which a therapist is *required by law* to reveal information obtained during therapy.

Required disclosure will occur in the following circumstances:

- ❖ When a reasonable suspicion of **abuse and/or neglect of a child or vulnerable adult** is present, a report will be made to appropriate protective agencies.
- ❖ When you **threaten grave bodily harm to others**, a report will be made to the appropriate authorities, as well as to those you have threatened.
- ❖ When you are **suicidal or threaten significant bodily harm to yourself**, I will obtain help from others in your life, such as family members and members of your treatment team, to do what is necessary to keep you safe.
- ❖ When a court of law issues a legitimate **court order**.
- ❖ When you are in **probation or parole period** or other legal situation that would require disclosure.

Except in the above circumstances, I will release information about you *only if you provide a written request*. Releases of information for families and couples in therapy require the written permission of every participating member in treatment able to execute a waiver. If you require a written request for me to exchange information with another mental health or medical professional relevant to our work together or your work with that individual, I will be happy to provide you with the appropriate form.

In order to provide excellence in clinical services and in accordance with customary professional behavior, I participate in confidential case consultations and supervision. No identifying information is revealed about clients.

Clients under the age of 16 are considered minors and all therapy contracts must be signed by their custodial parent and/or legal guardian. Therefore, custodial parents and/or legal guardians have a right to information shared in the session. Parents and guardians should be aware that exercising this right may be detrimental to the therapeutic process, and so may wish to allow confidentiality between the minor and therapist. In these cases, I will make every effort to foster open communication between parent and minor, and will never disclose information to a parent about a minor without the minor's knowledge.

There are special confidentiality concerns for families and couples in treatment:

- ❖ I view the family or couple as a "treatment unit."
- ❖ I will not reveal any individual's confidences to others in the treatment unit.

- ❖ It is important for you to be aware that secrets shared individually with me are generally not healthy for you or your family/couple relationships. For this reason, if an individual member or subset of the family/couple discloses a confidence that has bearing on other participating members, I will encourage the person(s) to reveal the information to the other member(s). I will provide support for you in finding ways to disclose the information and will help you deal with the implications of a revelation should it occur. I like to say that I am willing to be a temporary secret “holder” while we work together to find ways to share openly, but I cannot and will not be a long-term secret “keeper”.

- ❖ Should you reveal to me a secret that you refuse to disclose to other participating member(s) and that which puts me in a position of compromising my honest relationship with others in the treatment unit, therapy will be terminated.

The signatures below indicate that all participating members understand the nature of confidentiality in therapy as set forth above. Concerns or questions about confidentiality may be discussed at any point in the therapeutic process

Signature

Date

Signature

Date

Signature

Date

Signature

Date