

CONFIDENTIALITY POLICY (INFORMED CONSENT)

Confidentiality

It is the policy of this therapist that all information given by a client, either verbally or in writing, is strictly CONFIDENTIAL and is not shared with any other person in any manner whatsoever, with only exceptions stated below. After reading this policy, if you have questions about any practices concerning confidentiality, please consult this therapist before signing any permission statements.

Permission to release information must be at the initiation of the client and must be in writing and signed by the client in front of the therapist or a witness. Only the specific information requested will be released; if other information is requested, a new release form must be signed.

A release must be signed for every person or agency for whom the information is requested. The information requested and released by the client will be given in writing or verbally, but will be restricted to what is specifically released.

If a therapist is subpoenaed to testify in a matter concerning a client, every effort will be made to preserve the sanctity of confidentiality. The therapist's testimony can also be discussed with the client and attorneys involved before trial testimony is given. A release will be requested from the client if this should occur.

At this time, information given in the form of diagnosis and treatment information given as testimony in a court of law becomes Public Record and may be accessible as any other matters of public record. It is to your advantage as a client in treatment to keep your treatment as confidential as we would like to keep your records.

Exceptions to Confidentiality

- 1. If you threaten to harm yourself or another person, we are legally, ethically and morally required to take action to protect the safety of the threatened person. Actions could include: Informing the intended victim, arranging for hospitalization for you and/or your child, notifying family or support systems, or alerting law enforcement.**
- 2. If abuse or neglect of a child, aged or disabled person is known or suspected, we are required by Florida law to report our concerns to the Department of Children and Families.**
- 3. If we were to receive a legally binding Court Order from a Judge for your counseling records or for our deposition or court testimony, we would be required by law to comply.**
- 4. If you or your child are in counseling or are being evaluated by Order of the Court or as condition of continued employment, we may be required to provide the Court or the Employer with reports, documents, or testimony.**

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5. **The licensed professional is a defendant in a civil, criminal, or disciplinary action related to a client/patient complaint. Confidentiality may be waived inasmuch as it relates to the specific allegation.**
6. **While I am a registered Mental Health Intern with the State of Florida, I am required to be under and partake in supervision with a Qualified Supervisor with the State of Florida, DOH. Consultation about client will be discussed with Qualified Supervisor, but these conversations are kept in confidence between supervisor and supervisee.**

EMERGENCIES OR CRISES

This counselor checks email and voicemail daily. We will return your call at our earliest opportunity. If you are unable to reach me, or if you have a life-threatening emergency, immediately call 911, or go to a hospital emergency room. Your safety and well-being is our primary concern.

CONSENT FOR COUNSELING

I have read and understand the information contained on this form and voluntarily agree to participate in counseling and/or consent to the participation of my child in counseling.

Printed Name (first and last)

Signature

Adult Client Signature (if counseling is for a minor under the age of 18)