

LIMITS TO CONFIDENTIALITY

I, _____, (hereinafter Patient") hereby understand that everything I disclose in the course of treatment is strictly confidential. However, I understand that there are certain limitations to confidentiality. I understand that if I make statements that are described below, my care provider has an obligation to breach confidentiality. Mandated reporting shall apply in cases where you indicate one or more of the following:

- ✓ **Imminent Suicidal Intent and Plans to Harm Yourself.** When your psychological condition is indicative of suicide, your therapist has an ethical obligation to make his utmost effort to move you to safety. This may entail hospitalization or to call Psychiatric Emergency Team (PET). _____
Initials
- ✓ **Imminent threats to commit homicide or harming others.** In this case, your therapist has a legal obligation to first notify the identified victim so he or she will have an opportunity to escape from being harmed. Thereafter, the therapist has a legal obligation to notify Law Enforcement. Homicidal threats may be expressed/conveyed by you or by a family member. _____
Initials
- ✓ **Statements that indicate that you are abusing children, elders, or dependents** (mentally or physically disadvantaged adults (18-64 years of age)) who depend on you for their care. In cases such as these the therapist has a legal obligation to notify Department of Child Protective Services or Adult Protective Services, whichever may apply. _____
Initials
- ✓ Assembly Bill 1775 (Melendez, Chapter 264, Statutes of 2014) was signed by Governor Brown and became effective January 1, 2015. **This bill incorporated Sexual abuse of children to include sexual exploitation. It also includes a person who depicts a child in, or who knowingly develops, duplicates, prints, or exchanges, a film, photograph, videotape, negative, or slide in which a child is engaged in an act of obscene sexual conduct.** Your psychologist is obliged under the law to report to the appropriate authorities any instance where you disclose that you have accessed, streamed, or downloaded material where a child is engaged in an obscene sexual act. _____
Initials
- ✓ **If you are court-ordered to undergo psychotherapeutic treatment,** please be informed that the court will receive information about your attendance and summary progress notes. _____
Initials
- ✓ If you are involved in a **litigation**, and if your therapist is **subpoenaed or court ordered** to disclose information about you, your therapist has a legal obligation

to disclose protected health information. In spite of court order and or a served subpoena, your therapist will make every effort to explain to the court that your protected health information is strictly privileged and protected.

_____ Initials

- ✓ As a condition reimbursement, your insurance carrier requires to receive a copy of your initial assessment report within 24 hours of our first encounter. Additionally, your insurance carrier may at any time conduct a review of your records. If such a request is made known to your psychologist, a written consent will be obtained from you and you will be thoroughly informed before a release of your health protected information will be submitted.

_____ Initials

I understand that I have a right to receive a copy of this authorization.

I, _____, hereby AGREE/ DISAGREE with the abovementioned limits of confidentiality.

Patient's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____