



INTRAPERSONAL WELLNESS

Psychotherapy and Counseling Services

CONFIDENTIALITY AGREEMENT

Client Name _____ Date _____

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

1. Confidentiality can be waived in cases where the client discloses or implies a plan for suicide. The counselor's discretion is used, and where appropriate, has the right to notify the family of the client and contact emergency personnel to protect the client's well-being.
2. Confidentiality can be waived where the client expresses the threat to harm another person. In this case, the counselor is mandated to warn the intended victim and contact proper authorities, who will then take appropriate action.
3. Confidentiality can be waived in cases of child abuse, suspected child abuse, or abuse of a vulnerable adult. The counselor reserves the right to inform the client and proper authorities if the counselor believes that a child's health and well-being is at risk due to abuse of any kind. This includes physical abuse, sexual abuse, as well as neglect.
4. Confidentiality can be waived for parents or legal guardians of non-emancipated minors who have the right to access the client's records.
5. Confidentiality can be waived for insurance companies and other third party payers regarding services to clients. These may include type of services, dates/times, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Signature

Witness

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