

Confidentiality Statement

In accordance with the professional, ethical, and legal standards instituted by the American Psychological Association and the American Counseling Association for Psychologists and counselors, _____ maintains records of all therapeutic management. Verbal or written information pertaining to your case is released to clearly identified persons only with your written consent, except in the unusual circumstances specified in the following paragraph.

Some circumstances, which include situations involving danger and/or risk of impeding harm to yourself or others, child abuse, and certain legal situations (for example, the client's use of a mental condition as legal defense, court subpoena of records) require _____ to disclose specific information in order to protect you or others. If such circumstances should arise, _____, will discuss the procedures for complying with such requirements with you to resolve circumstances that have compelled such disclosure.

An atmosphere of mutual privacy and trust is a basic requirement for effective consultation and therapy. It is important to discuss issues of privacy and confidentiality at the onset of therapy so that you know what to expect. _____ will be glad to address any questions or concerns you may have about the above information to the best of her ability.

Consent to Treat

I understand the above confidentiality statement, and consent to treatment by _____ for myself, or my child.
(Provider Name)

Client (parent/guardian) _____ Date: _____

Provider _____ Date: _____