

People United For a Common Cause, LLC

Confidentiality Agreement

I understand that my presence in treatment is confidential.

I understand that I will sign releases that allow my clinician to release records/information about my treatment to the extent I allow. I must have an emergency contact release on file. Information necessary for insurance reimbursement will also be disclosed by this office.

I understand that if I become suicidal or an imminent risk to others, information about me will be released to the extent necessary to protect me or others.

If there is a medical emergency, information about myself may be disclosed in order to seek medical treatment.

I understand that in the case of a court order or subpoena, my records may need to be released to extent required by law.

I understand that, in the event of a lawsuit against the company brought on by myself, my records may be released in order to defend such lawsuit.

I understand that my information disclosed in group to other group members is not protected under the law. By becoming a member of a group, I do agree to keep their information confidential.

Depending on the nature of your therapy, if you are working with a supervisee of this office, information contained in your therapy will be disclosed to other members of the team or the supervisor in order to facilitate your treatment.

I understand that if I disclose harms caused by myself to a minor, who is still a minor, my therapist may be mandated to report these harms to Child line. This is not considered a breach in confidentiality. If I disclose physical abuse or emotional abuse/neglect of a minor within the last 2 years or any sexual violation these types of incidents will be reported. If you disclose that a minor, who is still a minor has been abused by others, this may also be mandated reporting.

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SignatureDate

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WitnessDate