

DR. JOHN K. RUSSELL & ASSOCIATES

Confidentiality in Therapy/Evaluation

Before you tell your therapist/evaluator about yourself, you have the right to know what information can and cannot be kept confidential. Please read this and initial each item only if you understand and agree to the conditions described. If there is anything you do not understand, please ask for an explanation.

The laws and ethics governing therapy/evaluation require that therapist/evaluators keep all information about clients confidential except for certain types of information and situations. Those exceptions are:

1. **Client's desire:** If you want your therapist/evaluator or this agency to give information about your case to anyone outside this agency, you must sign a Release of Information giving written permission for this disclosure.

Acknowledgment: I understand that if I want my therapist/evaluator or this agency to give information about my case to any outside person or agency, I must sign a Release of Information. Initials: _____

2. **Safety:**

a. **Risk of self-harm:** If your words or behavior convince your therapist/evaluator that you are likely to harm yourself, either deliberately or because you are unable to keep yourself safe, your therapist/evaluator must do whatever he or she can to prevent you from being harmed. This means the therapist/evaluator must take action up to and including hospitalizing you with or without your consent. If this situation comes up, your therapist/evaluator will discuss it with you before taking action unless it appears that this would be unsafe or immediate action is needed to keep you from being harmed.

b. **Risk of harm to others:** If you threaten serious harm to another person, your therapist/evaluator must try to protect that person. He or she would report your threat to the police, warn the threatened person, and try to prevent you from carrying out your threat. If this situation comes up, your therapist/evaluator will discuss it with you before taking action unless it appears that this would be unsafe or immediate action is needed to keep you from acting on your threat.

Acknowledgment: I understand that if my therapist/evaluator believes there is a serious risk that I will hurt or kill myself or another person, my therapist/evaluator is legally required to report this, warn the endangered person if someone other than myself, and take whatever action seems needed in his or her professional judgement to prevent harm to myself or others. Initials: _____

c. **Emergencies:** In an emergency when your health or your life is endangered, your therapist/evaluator must provide medical personnel or other professionals any information about you that is needed to protect your life, but only information that is needed for that purpose. If possible, your therapist/evaluator would discuss it with you and get your permission first. If not, he or she would talk with you about it afterward.

Acknowledgment: I understand that in an emergency when my health or life is in danger, my therapist/evaluator must give other professionals any information about me that is needed to protect my life. Initials: _____

3. **Abuse:** If your therapist/evaluator obtains information leading him or her to believe or suspect that someone is abusing a child, a senior citizen, or a disabled person, the therapist/evaluator must report this to a state agency. To "abuse" means to neglect, hurt, or sexually molest another person. The therapist/evaluator cannot investigate and decide whether abuse is taking place: if the suspicion is there, the therapist/evaluator must report it. The state agency will investigate. If you are involved in a situation of this kind, you should discuss it with a lawyer before telling your therapist/evaluator anything about it unless you are willing to have the therapist/evaluator make such a report. If this situation comes up, your therapist/evaluator will discuss it with you if possible before making a report.

Acknowledgment: I understand that if my therapist/evaluator believes or suspects that a child, a senior citizen, or a disabled person is being abused or neglected, my therapist/evaluator must report this to a state agency who will then investigate the situation. Initials: _____

4. **Therapy/evaluation of children, families and couples:**

a. **Children and adolescents:** It is the policy of this agency, when a therapist/evaluator treats children and adolescents, to ask their parents or guardians to agree that most details of what their children or adolescents tell the therapist/evaluator will be treated as confidential. However, parents or guardians do have the right to general information about how therapy/evaluation is going. The therapist/evaluator may also have to tell parents or guardians about information if their children or others are in any danger. If this situation comes up, the therapist/evaluator will discuss it with the child or adolescent first before talking to the parents or guardians.

Acknowledgment: I understand that if my child or adolescent is in therapy/evaluation, the therapist/evaluator will give me as the parent or guardian only general information about therapy/evaluation, except that the therapist/evaluator will tell me if he or she finds out from my child or adolescent that they or others are in danger. Initials: _____

b. **Families:** At the start of family therapy/evaluation, all participants must have a clear understanding of any limits on confidentiality that may exist. The family must also specify which members of the family must sign Release of Information forms if necessary for the records of family therapy/evaluation.

Acknowledgment: I understand that in family therapy/evaluation, all members of the family must understand the limits of confidentiality and must agree on which family members will have the power to sign Release of Information forms authorizing disclosure of information about the family's history or treatment.

Initials: _____ Initials: _____ Initials: _____ Initials: _____ Initials: _____ Initials: _____

c. **Couples:** If one member of a couple tells a therapist/evaluator something the other member does not know, and not knowing this could harm him or her, the therapist/evaluator cannot promise to keep it confidential from the other person. If this occurs, the therapist/evaluator will discuss it with you before doing anything else.

Acknowledgment: I understand that if I am in couples therapy/evaluation and tell the therapist/evaluator something my partner does not know, and not knowing this could harm my partner, the therapist/evaluator and this agency cannot promise to keep that information confidential from my partner.

Initials: _____ Initials: _____

5. **Group therapy/evaluation:** In group therapy/evaluation, the other members of the group are not therapist/evaluators. The ethical rules and laws governing therapist/evaluators do not bind them. To avoid problems in this area, it is this agency's policy to ask all members of therapy/evaluation groups to agree to protect one another's confidentiality, and to remove from the group any member who does violate another member's confidentiality. Still, this agency cannot be responsible for such disclosures by other clients, and it may be better for you to discuss information you feel must be legally protected in an individual session with your therapist/evaluator than in a therapy/evaluation group session.

Acknowledgment: I understand that in group therapy/evaluation, I do not have the same degree of confidentiality in group sessions that I have in individual sessions with my therapist/evaluator, and that other group members are not therapist/evaluators and are not bound by the ethical rules and laws governing therapist/evaluators. Initials: _____

6. **Professional consultation:** Your therapist/evaluator may consult with a clinical supervisor or another colleague about your treatment. The other therapist/evaluator must give you the same confidentiality as your therapist/evaluator. If this fellow therapist/evaluator is employed at this agency, no written authorization from you is required. If your therapist/evaluator discusses your case with a professional outside this agency, such as a therapist/evaluator who treated you in the past, he or she must get your written permission (a Release of Information form) first. If another professional asks your therapist/evaluator for information about you during or after your treatment, your therapist/evaluator cannot provide any information unless that other professional provides a Release of Information which you have signed authorizing your therapist/evaluator to provide that information.

Acknowledgment: I understand that my therapist/evaluator may discuss my history and treatment with other therapist/evaluators for professional purposes, and that if these other therapist/evaluators are not employed at this same agency my therapist/evaluator must get my specific written permission in advance. Initials: _____

7. **Legal proceedings:** If a judge orders your therapist/evaluator to provide information about your history or your treatment, the therapist/evaluator must do so.

Acknowledgment: I understand that if ordered by a judge, my therapist/evaluator must give the court whatever information about my case the judge rules to be necessary. Initials: _____

8. **Debt collections:** If you fail to pay for services as agreed, and other methods of resolving the problem fail, this agency may have to use a collection agency or other legal means to collect the fees you owe. The only information the agency would disclose for this purpose would be your name and address, the dates you received services, and the amount of your unpaid balance.

Acknowledgment: I understand that if I fail to meet my financial obligation to this agency and it becomes necessary to use legal means to collect my fees, the agency may disclose my name, address, dates of services, and balance due for this purpose. Initials: _____

9. **Recording therapy/evaluation:** This agency will not record therapy/evaluation sessions on audiotape or videotape without your written permission. If you give permission for such recording, you have the right to know who will see or hear the recording, for what purpose(s) it will be used, and when it will be erased or destroyed.

Acknowledgment: I understand that my therapy/evaluation will not be recorded on audiotape or videotape without my written permission.

Initials: _____

10. **Referring agencies and conditions of treatment:** If you have been involuntarily referred for treatment by a court or a government agency such as a probation department, Child Protective Services or your employer if working in a safety-sensitive position governed by the Department of Transportation rules for chemical dependency/use, your treatment may include requirements that you comply with conditions including reporting of information about your therapy/evaluation to the agency that referred you for treatment, or reporting to that agency if you appear to have violated laws regarding substance abuse or agency rules regarding satisfactory participation in this program.

Acknowledgment: I understand that if I have been involuntarily referred for treatment by a court or government agency, the conditions of my therapy/evaluation may include mandatory reporting to the referring authority about my therapy/evaluation and/or any violations I commit of laws regarding substance abuse or of agency rules regarding my conduct while in this program. Initials: _____

11. **Independent disclosure by client:** Any information that you yourself share outside of therapy/evaluation, willingly and publicly, will not be considered protected or confidential by a court.

Acknowledgment: I understand that if I myself willingly and publicly disclose information about my therapy/evaluation, that information is no longer confidential or legally protected. Initials: _____

My signature here shows that I (we) have read, understand and agree to the conditions presented above.

Client One Name: _____ Date: ___/___/___

Signature: _____

Client Two Name: _____ Date: ___/___/___

Signature: _____