

Limits of Confidentiality

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Psychotherapy is confidential, with the below stated exceptions.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self harm: Depression is common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety. This is almost always a safety contract, but in the event that we are unable to establish such a contract we will discuss, together, next steps to take to ensure your safety. This could include notifying authorities, family, or your local hospital or designated mental health responder.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. Age of adult for psychotherapy is 13 years old.

Impaired practitioners: if you notify me of another practitioner who is practicing in a way that is considered to be impaired or negligent, I may have to report this to their licensing board.

Court subpoena: in the rare event that a court or legal body subpoenas your records, I may be required by law to release them.

Supervision and consultation: I have regular, one-on-one, supervision meetings where I discuss details of our work together. I will sometimes bring deidentified case information to colleagues or didactic supervision as well, for the purposes of consultation.

Insurance: if you opt to have claims submitted on your behalf to your insurance company then limited information will be supplied to this entity for the purposes of reimbursement only.

I have read and understand the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information form.

Client Signature: _____ Date: _____