

CONFIDENTIALITY STATEMENT

THE WORK THAT WE DO AT WESTERN IS CONFIDENTIAL. WHATEVER YOU CHOOSE TO DISCUSS WITH YOUR CLINICIAN IS PRIVATE. WE WILL NOT SHARE ANYTHING ABOUT YOU WITH ANYONE ELSE UNLESS WE HAVE YOUR WRITTEN PERMISSION TO DO SO.

OFTEN IT IS HELPFUL FOR US TO HAVE YOUR PERMISSION TO EXCHANGE SOME INFORMATION WITH OTHERS; FOR EXAMPLE, WHOEVER MAY HAVE REFERRED YOU HERE, YOUR PHYSICIAN, SOMEONE AT WORK OR SCHOOL, OR YOUR FAMILY. YOU WILL BE ASKED FOR PERMISSION FOR US TO CONTACT THEM. WE WILL EXPLAIN WHY THERE IS A NEED TO CONTACT SOMEONE ABOUT YOU. YOU WILL GIVE YOUR PERMISSION FOR US TO SPEAK WITH OR CORRESPOND WITH THEM BY SIGNING A RELEASE OF INFORMATION FORM.

SOME THINGS, BY LAW, CANNOT BE KEPT PRIVATE. HERE ARE SOME EXCEPTIONS TO CONFIDENTIALITY.

1. IF WE ARE SUBPOENAED TO TESTIFY IN COURT, WE MAY HAVE TO GIVE INFORMATION WITHOUT YOUR PERMISSION. THIS MAY HAPPEN IN ISSUES CONCERNING CHILD CUSTODY OR POSSIBLE CRIMINAL BEHAVIOR.

2. IF WE SUSPECT THAT HARM HAS COME TO A CHILD, ADOLESCENT, OR ELDERLY PERSON, OR THAT A CHILD /ADOLESCENT OR THAT A CHILD/ADOLESCENT OR ELDERLY PERSON MIGHT BE HARMED IN THE FUTURE, STATE LAW REQUIRES US TO MAKE A REPORT TO THE AUTHORITIES.

3. IF WE LEARN THAT ANOTHER PERSON OR PROPERTY MIGHT BE SERIOUSLY HARMED IN THE FUTURE OR THAT A CLIENT INTENDS TO COMMIT A CRIME OF VIOLENCE, IT IS OUR RESPONSIBILITY TO PROTECT OTHERS BY INFORMING THEM AND THE AUTHORITIES.

4. IF A CLIENT DISCLOSES THAT S/HE INTENDS SELF HARM, IT IS OUR RESPONSIBILITY TO ATTEMPT TO PREVENT THIS BY NOTIFYING APPROPRIATE RESOURCES.

IT IS IMPORTANT THAT YOU UNDERSTAND BOTH YOUR RIGHTS TO PRIVACY AND THE LIMITS ON THESE RIGHTS. WE ENCOURAGE YOU TO DISCUSS ANY CONCERNS YOU MAY HAVE ABOUT PRIVACY WITH YOUR CLINICIAN.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. I HAVE BEEN GIVEN A COPY OF THIS DOCUMENT.

SIGNATURE OF CLIENT

DATE

WITNESS

DATE