Confidentiality Agreement

I understand that I have the right to confidentiality. No information which I disclose will be released to any third party without my written consent except as required by law. I have been informed that likely intent to commit suicide, homicide, intent to harm others, child abuse, and elder abuse require action and release of information without my consent. I understand there may be other specific areas of the law which may terminate my right to confidentiality. Risky behavior that is not mandatory (i.e.: duty to warn/protect and CPS): If you engage in and tell me about risky behaviors not covered under mandatory reporting laws, such as fire starting, severe eating disorders, self-injurious behaviors, harming animals, drug and/or alcohol use combined with safety sensitive activities, where there is a substantial likelihood of harm to yourself or others, I reserve the right to report to appropriate sources to keep you and others safe. Also, even though the chance of a court proceeding is small, I agree if subpoenaed to testify in a case I am involved in, a reimbursement rate of $420 per hour is to be paid to therapist for time involved in such court proceedings.

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Signature of Client Signature of Witness

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Date Date