Individual and Family Solutions

Therapist Melinda Thomas, MS MFT, LPC, NCC

Before you tell your therapist about yourself, you have the right to know what information can and cannot be kept confidential. Please read and then initial each item only if you understand and agree to the conditions described. If you are filling out paperwork for your child, please have them initial each item as well. If there is anything you don't understand, do not initial the item and your therapist will explain it in more detail.

General Extent and Limits of Confidentiality.

The laws and ethics governing therapy require that therapists 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 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 or this agency to give information about mine or my child’s 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 that you are likely to harm yourself, either deliberately or because you are unable to keep yourself safe, your therapist must do whatever he or she can to prevent you from being harmed. This means the therapist must take action up to and including hospitalizing you with or without your consent. If this situation comes up, your therapist 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 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 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 believes there is a serious risk that I will hurt or kill myself or another person, my therapist 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 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 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 must give other professionals any information about me that is needed to protect my life.

Initials:
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

3. Abuse:

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

Acknowledgment:

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

Initials:
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

4. Therapy of children, families, and couples:

a. Children and adolescents: It is the policy of this agency, when a therapist treats children and adolescents, to ask their parents or guardians to agree that most details of what their children or adolescents tell the therapist will be treated as confidential. However, parents or guardians do have the right to general information about how therapy is going. The therapist 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 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, the therapist will give me as the parent or guardian only general information about therapy, except that the therapist 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 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.

Acknowledgment:

I understand that in family therapy, 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 something the other member does not know, and not knowing this could harm him or her, the therapist cannot promise to keep it confidential from the other person. If this occurs the therapist will discuss it with you before doing anything else.

Acknowledgment:

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

Initials:
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

Initials:
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

5. Group therapy:

In group therapy, the other members of the group are not therapists. They are not bound by the ethical rules and laws governing therapists. To avoid problems in this area, it is this agency's policy to ask all members of therapy 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 than in a therapy group session.

Acknowledgment:

I understand that in group therapy, I do not have the same degree of confidentiality in group sessions that I have in individual sessions with my therapist, and that other group members are not therapists and are not bound by the ethical rules and laws governing therapists.

Initials:
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

6. Professional consultation:

Your therapist may consult with a clinical supervisor or another colleague about your treatment. The other therapist must give you the same confidentiality as your therapist. If this fellow therapist is employed at this agency, no written authorization from is required. If your therapist discusses your case with a professional outside this agency, such as a therapist 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 for information about you during or after your treatment, your therapist cannot provide any information unless that other professional provides a Release of Information which you have signed authorizing your therapist to provide that information.

Acknowledgment:

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

Initials:
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

7. Legal proceedings:

If a judge orders your therapist to provide information about your history or your treatment, the therapist must do so.

Acknowledgment:

I understand that if ordered by a judge, my therapist 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:

This agency will not record therapy 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 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 or Child Protective Services, your treatment may include requirements that you comply with conditions including reporting of information about your therapy 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. If such reporting requirements exist, your therapist will tell you about them before you start therapy, and will notify you when making any such required reports.

Acknowledgment:

I understand that if I have been involuntarily referred for treatment by a court or government agency, the conditions of my therapy may include mandatory reporting to the referring authority about my therapy 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, 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, that information is no longer confidential or legally protected.

Initials:
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

Our signatures here show that we have read, understand, and agree to the conditions presented above.

Client Name(s):

Signature:

Date: / /
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

Signature:

Date: / /
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

Parent/Guardian Name:

Signature:

Date: / /
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯

Therapist Name: Melinda “Mindy” Thomas

Date: / /
¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯¯