CARTER & EVANS
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CONFIDENTIALITY

Issues discussed in therapy are important and are generally legally protected as both confidential and "privileged." However, there are limits to the privilege of confidentiality. These situations include: 1.) Suspected abuse or neglect of a child, elderly person or a disabled person, 2.) When your psychiatrist or therapist believes you are in danger of harming yourself or another person or you are unable to care for yourself, 3.) If you report that you intend to physically injure someone the law requires your therapist to inform that person as well as the legal authorities, 4.) If your psychiatrist or therapist is ordered by a court to release information as part of a legal involvement in company litigation, etc., 5.) When your insurance company is involved, e.g. in filing a claim, insurance audits, case review or appeals, etc., 6.) In natural disasters whereby protected records may become exposed or 7.) When otherwise required by law. You may be asked to sign a Release of Information so that your therapist may speak with other mental health professionals or to family members.
All written and spoken material from any and all sessions is confidential unless written permission is given to release all or part of the information to a specified person, persons, or agency. If group therapy is utilized as part of the treatment, details of the group discussion are not to be discussed outside of the counseling sessions. **Initial here:_____**

AUTHORIZATION FOR RELEASE OF INFORMATION

I,_____ authorize the release of pertinent information regarding my medical, psychological, or counseling history, as well as treatment or management history, diagnosis and prognosis information to my Primary Care Physician, other health care providers, institutions, and referral sources for the purpose of diagnosis, treatment, consultation and professional communication. If I am an insured client, I further authorize the release of information for claims, certification, case management, quality improvement, benefits administration and other purposes related to my health plan.
Initial here:_____

CONSENT FOR TREATMENT

I accept and understand the contents and terms of this agreement and further, consent to participate in treatment. I also understand that I may withdraw from treatment at any time.

_____ _____
Name of Client (please print) Client Social Security #

_____ _____
Signature Date

CONSENT FOR CHILD or DEPENDENT TREATMENT

I, _____ am the legal guardian or legal representative of the client and on the client's behalf legally authorize the practitioner/group to deliver mental health care services to the client. I also understand that all policies described in this statement apply to the client I represent.

_____	_____
Name of Client (please print)	Client Social Security #
_____	_____
Signature of Legal Guardian/Legal Representative	Date