

## **Confidentiality**

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child or vulnerable adult or has recently abused a child or a vulnerable adult, or a child or vulnerable adult is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

### **Prenatal Exposure to Controlled Substances**

Mental health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

### **Minors**

By law, information regarding treatment or evaluation may only be released with the written consent of the person treated or the child's parent or legal guardian. The law in Washington grants confidentiality to minor children between the ages of 13 and 17 years. As a therapist, I must consider the best interests of an adolescent when disclosing their private communications with me to their parents. While the law does not explicitly grant these rights to younger children, it is my policy to grant confidentiality to personal disclosures of younger children as well. In my experience as a therapist, I think that children and adolescents need some level of confidentiality in order to explore their feelings and concerns with me as their therapist. In order to be optimally effective as your child's therapist, I need to be able to assure your child that I will not disclose the contents of our conversation with their parents. I involve the parents in a part of the session to talk about the child's issues. In this way the child may share and get support from the parents regarding a goal or issue they are working on. If there are parenting issues, it is usually best to have a separate session instead of allowing the child to wait in the waiting area while we have a discussion.

Your child's confidentiality does **not** extend to my withholding knowledge of circumstances that pose safety threats to your child. It is my policy to inform parents when their child discloses information to me about behaviors that place them in danger of harm to self or others. Examples of these kinds of behaviors include, but are not limited to, drug abuse, plans to run away from home, riding with intoxicated drivers, unsafe sex, suicidal ideation and threats to harm others.

**In cases where parents are involved in marital dissolution or other family court related involvement, I do not provide recommendations to the court regarding a proposed parenting plan or modification of**

**an existing one.** Children in these family situations have a special need for privacy and a neutral relationship with their therapist where they can discuss their concerns. In order to protect your child's therapeutic relationship, it is my policy to refrain from testifying to the content of your child's therapy sessions in divorce proceedings.

### **Insurance Providers**

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

**I agree to the above limits of confidentiality and understand their meanings and ramifications.**

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**Signature of client or client's parent/guardian if under 13**

**Date:** \_\_\_\_\_