

---

### Limits on Client Confidentiality

I might be required by law to disclose confidential information about you if any of the following conditions exist:

- You are a danger to yourself or others.
- You are a minor and I reasonably suspect that you are the victim of abuse or neglect.
- You are a person over the age of 65 and I reasonably suspect that you are a victim of abuse or neglect.
- You are under the age of 16 and a victim of a crime.
- You file a suit against me for breach of duty.
- You seek treatment to avoid detection or apprehension or to enable anyone to commit a crime.
- I was appointed by the courts as your therapist to evaluate you.
- Your contact with me as a therapist is for the purposes of determining sanity or competence in a criminal proceeding.
- You are involved in a law suit and my records are subpoenaed.
- You have filed a law suit against anyone and have claimed mental or emotional damages as part of the suit.
- You have filed for reimbursement with your insurance company for your therapy sessions and they request your records.

In addition, you may give me written permission to discuss specific aspects of your case with other individuals with whom you deem necessary. These individuals may include psychiatrists, family doctors, past therapists, or family members. If such a time occurs, we will complete and sign an Authorization for the Release or Exchange of Confidential Information form.

**I have read and understand the above information, and I am consenting to treatment.**

---

Client Signature

---

Date