**Limits of Confidentiality &**

**Acknowledgement of Privacy Policies**

**Dr. Kirby K. Reutter**

*DBTC, LMHC, CADAC, MAC, etc.*

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Licensed Psychologist: Ohio # 7158

Licensed Psychologist: Texas #37448

Licensed Mental Health Counselor: Indiana # 39002367A

Under certain legally-defined situations, a psychologist is required to report information revealed during the course of services to other agencies or persons without the client’s written consent. Should such a situation arise, every reasonable effort will be made to discuss the reportable issue with the client. However, this cannot be guaranteed in the case of emergencies. Here are the limits of confidentiality:

1. If the client reveals information to the psychologist about child abuse or neglect, the psychologist is required by law to report this to the appropriate authorities.
2. If the client reveals information to the psychologist about the abuse, neglect, or financial exploitation of a senior citizen who is unable to seek assistance for himself or herself, the psychologist is required by law to report this to the appropriate authority.
3. If the client threatens suicide, the psychologist is required by law to report this to appropriate individuals.
4. If the client threatens bodily harm or death to another person, the psychologist is required by law to warn the intended victim and notify the appropriate law enforcement agencies.
5. If the client is in therapy or being tested by order of a court of law, the results of treatment or tests ordered must be revealed to that court.
6. If a court of law issues a legitimate subpoena, the psychologist is required by law to provide the information specifically described in the subpoena.

\_\_\_\_\_ I (the client) have read (or have had read to me) the above limits of confidentiality. I have a full Initial understanding of their meaning and consequences. I agree to these limits of confidentiality.

\_\_\_\_\_ I have also been given access to the Notice of Privacy Practices and have had any questions that I Initial have about it explained to me.

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| Name of Client: |  |
| Signature of Client: | Date: |
| Signature of Parent/Guardian (if client is under 18): | Date: |
| Signature of Witness: | Date: |

NOTES:

1. If client is under 12, parent/guardian signs.
2. If client is between 12 and 18, parent/guardian and client sign. If client refuses consent, there shall be no disclosure unless therapist feels it is in the best interest of client.
3. If over 18, client signs.