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Limits of Confidentiality Form

Psychotherapy is confidential, with the below stated exceptions.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide & Self-Harm: Depressive symptoms can be a common expressed symptom expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide, steps need to be taken to ensure safety. This would include notifying the legal authorities and a crisis team, as well as make reasonable attempts to notify the family.

Animal Abuse: We will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities. This may include reports of emotional, physical, verbal, or sexual abuse, or cases of neglect.

Prenatal Exposure to Controlled Substances: In keeping with protecting vulnerable populations, Mental Health Providers are required to report admitted use of controlled substances during pregnancy that are potentially harmful to the fetus.

Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. Age of consent for a minor seeking mental health services on their own in Colorado is 15 years of age or older.

Insurance Providers: Information requested includes description of impairments, dates and times of service, diagnosis, treatment plans, treatment progress, prognosis for improvement, case notes and summaries.

I have read and understand that above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information I understand that I will be provided a Release of Information Form consenting for my therapist to be in communication with a listed individual, provider, or agency.

_____ _____
Client or Guardian Signature Date

_____ _____
Client or Guardian Printed Name Client DOB

_____
Relationship to client

_____ _____
Witness Date