

CROSSROADS

COUNSELING AND CONSULTATION

Confidential Agreement

There are several other matters concerning confidentiality:

1. I may occasionally find it helpful or necessary to consult about a case with another professional. In these consultations I make every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to maintain confidentiality. If I feel that it would be helpful to refer you to another professional for consultation then, of course, with your authorization, I will discuss your case with her or him.
2. I am required to maintain complete treatment records. Patients are entitled to receive a copy of these records, unless I believe the information would be emotionally damaging and, in such cases, the records must be made available to the patient's appropriate designee. Patients will be charged an appropriate fee for preparation.
3. If you use third party reimbursement, I am required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary. If you request it, I will provide you with a copy of any report, which I submit.
4. If you are under eighteen years of age, please be aware that while the specific content of our communications is confidential, your parents have a right to receive general information on the progress of the treatment.
5. Under current Oklahoma law, in group and family therapy and in marital therapy all participants are required to consent to the release of information. One marital partner may not waive privilege for another. In cases of marital therapy, therefore, the record may be released only if both parties waive privilege of release of the record or if it is court ordered. I understand that CCC therapists do not testify in court regarding custody, divorce action, or other legal matters. I agree not to contact a CCC therapist personally or via my attorney to testify in court. If a CCC therapist is contacted/subpoenaed on my behalf for testimony, I agree to pay all CCC costs, legal fees, and \$5000 per partial or half day out of the office.

I have read the above, fully understand the diagnosis, the nature of treatment, the alternatives to this treatment, the limits of confidentiality in this relationship, and the circumstances in which confidential communications may need to be breached.

Signature

Date

Signature 2 (if applicable)

Date

Witness

Date