

CROSSROADS

COUNSELING AND CONSULTATION

Confidentiality Agreement

Important matters concerning confidentiality:

1. I understand that my therapist may occasionally find it helpful or necessary to consult about a case with another professional. In these consultations, he/she will make every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to maintain confidentiality. If my therapist feels that it would be helpful to refer me to another professional for consultation then, with my authorization, the therapist will discuss my case with her or him.
2. I understand that my therapist is required to maintain complete treatment records. I am entitled to receive a copy of said record, unless my therapist believes the information could be emotionally damaging and, in such cases, the records will be made available to my appropriate designee. I will be charged an appropriate fee for preparation.
3. If I use third party reimbursement, my therapist is required to provide the insurer with a clinical diagnosis and sometimes a treatment plan/summary. If requested, my therapist will provide me with a copy of any report submitted.
4. If I am under eighteen years of age, I am aware that while the specific content of our communication is confidential, my parents have a right to receive general information on the progress of the treatment.
5. Under current Oklahoma law, in group, family, and in marital/couples 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 forced to appear in court by a subpoena or court order, I agree to pay, in advance of the court date \$5000 as well as any legal fees that follows the court date.
6. I understand that there are certain limits to confidentiality, in which it is required by law and/or professional ethics that my therapist reveal information obtained during counseling to other persons or agencies, without my permission. These limits to confidentiality are as follows: (a) if a client threatens grave bodily harm or death to another person, a therapist may be required to inform appropriate legal authorities and the intended victim; (b) if a client expresses a serious intent to grievously harm him/herself, it may be necessary for a therapist to reveal information to family members and/or persons authorized to respond to such emergencies, in order to protect the client from harm; (c) if a court of law issues a legitimate subpoena, a therapist is required to provide information that is specifically described in the subpoena; (d) if a client is being evaluated or treated by order of a court of law, the results of the evaluation or treatment ordered must be revealed to the court; and (e) if a therapist has good reason to suspect that a child is a victim of physical abuse, sexual abuse, or neglect, he/she is required to report the abuse or neglect to the Department of Human Services.

I have read the above information. I understand the limits of confidentiality in this relationship as outlined above, and I am aware of the circumstances in which confidential communications may need to be breached.

Signature

Date

Signature 2 (if applicable)

Date

Witness

Date