

## **Confidentiality Notice**

The information you share during psychotherapy sessions is protected by State and Federal laws of confidentiality. Your therapist is strictly prohibited from re-disclosing or sharing your private health information without your express written authorization. Anyone seeking information about you or what you disclosed during a counseling session will be told that Innovative Psychological Consultants can neither confirm nor deny that you are a client of our agency without a proper authorization of release.

### **Limits of Confidentiality:**

As therapists in the state of Minnesota, we are also what are known as mandated reporters. There are certain circumstances under which we are obligated to violate your confidentiality and report certain information to various regulatory agencies. What follows is a list of circumstances under which your confidentiality will be broken by your therapist without your permission:

- If you inform your therapist about abuse or neglect of a minor child
- If you inform you therapist about abuse or neglect of a vulnerable adult
- If you are knowingly pregnant and abusing or exposing your fetus to street drugs or excess alcohol use
- If you inform your therapist about sexual misconduct perpetrated by another mental health or medical professional
- If you inform your therapist that you are of imminent or expectable risk to yourself, i.e., suicidal
- If you inform your therapist that you are of imminent or expectable risk to another person, i.e., homicidal
- If the court, by judge's order, demands we release information, we are obligated to comply

### **Limits of Confidentiality for Minors:**

All minors are subject to the same limits of confidentiality listed above. In addition, minor clients need to be aware that if they are not emancipated, their custodial parents or guardians have legal rights to information about their child's condition, diagnosis, progress, and medical records. However, a minor child does have the right to complete confidentiality in obtaining information about venereal diseases, pregnancy, associated conditions, and alcohol or other drug use.

### **Federal Guidelines on Confidentiality:**

Please indicate below whether you would like a copy of the Federal guidelines on confidentiality: Health Insurance Portability & Accountability Act (HIPPA)

Yes       No

### **Communication with Primary Care Physician:**

Many clients, and insurers, like their therapist to communicate and share information with primary care physicians. Please indicate below if you would like us to contact and send a copy of your full assessment to your physician.

Yes       No

**Your signature below indicates that you have read and understand the limits of confidentiality as explained above.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of parent or Guardian (If applicable)**