

## Limits of Confidentiality

A therapy session's contents are considered confidential. There will not be a release of any information without a signed release of Information, except as required by law in the exceptions listed below:

**Duty to Warn and Protect:** When a patient discloses intentions or plans to harm herself, himself, or another person, we are required to report this information to the appropriate authorities and take action to protect the intended victim (self or other). In cases in which a patient discloses a plan for suicide, we will make a reasonable attempt to notify the family of the client.

**Abuse of Children and Vulnerable Adults:** We must report if a patient states or suggests that they are abusing a child or vulnerable adult, and or if the child is in danger of abuse.

**Parental Exposure to Controlled Substances:** We must report admitted prenatal exposure to controlled substances potentially harmful to the unborn child.

**In the Event of a Client's Death:** In the event of a patient's death, a spouse, or partner of a deceased patient has a right to access all the spouse's or partner's records.

**Professional Misconduct:** Professional misconduct by another health care professional must be reported, and Huron Gastro may be required to release related records to substantiate disciplinary records.

**Court Orders:** We are required to release patient records when a court order has been placed.

**Insurance Companies:** Insurance companies and third-party payers are given specific, yet limited, types of information for billing purposes.

**Staff:** Those working in the office may come in contact with client information. Other professionals may provide supervision regarding clients with suggestions for the best possible treatment and resources.

**Couples, Groups, and Families:** Where an individual, by private means, discloses confidential information, that information will not be shared with a group or family member without the permission of the client.

I understand have read the above information and understand the limits of confidentiality.

Patient Signature: \_\_\_\_\_

Date \_\_\_\_\_