



Counseling Confidentiality Agreement:

1. Purpose: This confidentiality agreement ("Agreement") is intended to protect the privacy of the client ("Client") in their therapeutic relationship with the counselor ("Counselor"). The purpose of this Agreement is to ensure a secure environment that fosters trust, openness, and effective therapy.

2. Extent of Confidentiality: All communication between the Client and the Counselor, whether verbal or written, will be treated with utmost confidentiality. This includes counseling sessions, notes, reports, and any test results. The Counselor will securely store these records.

3. Limits of Confidentiality: While the Counselor is committed to maintaining confidentiality, certain circumstances may necessitate the disclosure of information. These situations include: A) When the Counselor believes that the Client poses a risk to their safety or the safety of others. B) When the Counselor is reasonably suspected of child abuse, elder abuse, or dependent adult abuse. C) When the Counselor is ordered by a court to disclose information. D) In cases where consultation with other professionals is needed, the Counselor will only disclose information necessary for the consultation and will avoid disclosing identifiable information about the Client. D) Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. E) 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.

4. Client's Rights: The Client has a right to privacy and to understand the steps taken to protect this right. The Counselor will maintain secure records of all counseling sessions and related information. These records will be kept for a period determined by the applicable laws and regulations in the Counselor's jurisdiction. The Client has a right to request a summary of these records.

5. Client's Responsibilities The Client is responsible for protecting their privacy outside of the counseling context. This includes understanding the potential privacy implications of email, texting, or social media interactions.

6. I have read and understand the 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.

Signed _____

Date _____