

# Confidentiality

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A therapeutic relationship is nothing if a client does not feel that what she/he and I say stays between us. It is an important trust, and this document is used to explain the very few instances wherein that confidentiality may be limited as required by law. If not listed here, then, barring unforeseen changes in law since the time of this writing, the client's (that's you!) confidentiality will be assured in our work together.

## **Duty to Warn and Protect**

There are times that we may be exploring areas in your life that may not, at that moment, give you too many good feelings. Sometimes it can get to the point where you want to hurt yourself and/or someone else. While nearly everyone experiences these feelings in some form or another at some point or another, having an implied or specifically disclosed plan to commit suicide, then I am legally obligated to get you to an emergency room, and if that's not happening, then I must tell legal authorities (call 911) as well as family members. Similarly, if you have a plan to hurt someone else, implied or otherwise, then I have the responsibility to make efforts to notify the intended victim and report the threat/plan. This is for your safety and the safety of others, and that is always our top priority!

## **Minors/Those With Guardians**

Parents and legal guardians of non-emancipated clients under the age of 18, as well as those who have legal guardians, have the legal right to access your records. Please note that while this is true, this right is not to be abused by parents and/or legal guardians.

## **Maltreatment of Children and Vulnerable Adults**

If you have abused, neglected, or in some other way maltreated a child or vulnerable adult, then I am legally bound to report it to the government child welfare jurisdiction in which the maltreatment occurred. This is also true if you disclose that a child or vulnerable adult is in danger of experiencing maltreatment. This includes prenatal exposure to controlled substances.

## **Your Insurance Providers**

While I do not accept health insurance, you may wish to submit your invoice for reimbursement. By participating in this therapeutic relationship, you are giving consent for me to give any and all information pertinent to your therapy. Please contact your insurance provider to see what this entails, but note that this is the same for each and every practitioner for whom your insurance company provides compensation.

By signing this document, I acknowledge that I understand the given limitations on confidentiality.

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Client Signature (If under 18, then parent/guardian must sign) \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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*Nobody said that it would be easy, but nobody said that you had to do it alone.*