



## Limits of Confidentiality

**I very highly value the confidentiality of our therapeutic relationship, but please be aware that there are some exceptions to confidentiality, and they are as follows:**

**Duty to warn:** I am mandated by law to disclose information discussed in therapy if a client has intent or plan to harm another person. I am required to attempt to inform the victim and notify law enforcement.

**Suicide/Self-Harm:** Depression is a very common emotion that is expressed in therapy; however, if a client is feeling hopeless to the point that they admit to having a plan in place to commit suicide, I am required to take steps to ensure their safety. This may include requesting an evaluation by a Qualified Mental Health Professional at St. Mary's Hospital, as well potentially notifying a family member that can assist in safety planning.

**Animal abuse:** I will report cases of animal abuse/neglect, including hoarding situations involving multiple pets in an environment that is not meeting their needs.

**Vulnerable adults & children:** I am required by law to report the abuse or neglect of a child(ren) or an elderly person to law enforcement and/or the Dept. of Social Services.

**Prenatal exposure to controlled substances:** I am required to report to the Dept. of Social Services cases where a pregnant mother is admitting to using alcohol or drugs while pregnant. This is to protect the health and safety of the unborn child.

**Insurance providers:** After an appointment, I am required to submit to your insurance a diagnosis, a treatment plan, treatment progress, and a brief summary of our work together on the date of service. This information is transmitted electronically through my secure electronic health record system. I am the only person in my office who has access to this record and transmits it to the insurance company for processing. Once the record is received by insurance, they process the claim and remit payment to me for the services provided to you.

My signature on this document indicates that I have read and understood the items listed above and that I understand Visionary Mental Health Services, LLC has a legal obligation to report information that is deemed dangerous to myself or others. I also understand that any other information disclosed in therapy that does not fall into the categories listed above will not be disclosed to any other parties without a signed release of information form from me.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_