



## **Limits of Client Confidentiality**

I am required to disclose confidential information if any of the following conditions exist:

1. You are a danger to yourself or others.
2. You seek treatment to avoid detection/apprehension or have knowledge of someone else's intent to commit a crime.
3. Your therapist was appointed by the courts to evaluate you.
4. Contact with your therapist is for the purpose of determining sanity in a criminal proceeding.
5. Your contact is for the purpose of establishing your competence.
6. Your psychotherapist must file a report to a public employer or provide information required to be recorded in a public office, if such report/record is open to public inspection.
7. You are under the age of 16 years and are the victim of a crime.
8. You are a minor and your psychotherapist reasonably suspects you are the victim of child abuse.
9. You are a person over the age of 65 and your psychotherapist believes you are the victim of physical abuse. Your therapist may disclose information if you are the victim of emotional abuse.
10. You die and the communication is important to decide an issue concerning a deed, conveyance, will or other writing executed by you affecting interest in property/monies.
11. You file suit against your therapist for breach of duty or your therapist files suit against you.
12. You have filed suit against anyone and have claimed mental/emotional damages as part of the suit.
13. You waive your rights to privilege or give consent to limited disclosure by your therapist.
14. Your insurance company paying for services has the right to review all records.

Signature \_\_\_\_\_

Date \_\_\_\_\_