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Therapy for Individuals, Couples, & Families

Confidentiality

As a therapist I have the ethical and legal obligation to keep confidential any information given during psychotherapy. There are some conditions under which this right may be superseded. If there is a problem with any of these conditions, please speak with me about it in advance.

1. If I have reason to believe a client intends to commit suicide or violence against another person, I am legally obligated to take action to warn that person and any relevant authorities.
2. If I have a reason to believe that there is a case of child abuse, whether disclosed to me by the child, other adults or the abuser, legally I must report.
3. When you make your mental health or welfare a point of litigation, you implicitly waive the right to confidentiality and your therapist can be compelled to give a deposition or testify in court.
4. If you apply for insurance to cover psychotherapy costs, the insurance company will demand a diagnosis, just as they would of any other health care practitioner. If you ask me to fill out insurance forms, you imply consent to disclose to the insurance company the dates of your therapy, the money paid, and the diagnosis. Sometimes they require a more complete statement of your problems, goals, methods, and progress, etc. If this causes you any concerns please discuss this with me during your first appointment.
5. If you join a therapy group, you have the same right to confidentiality from me as in individual therapy. The members of the group are expected to respect this right to privacy and the trust in the group depends on their doing so. In joining a group you agree to keep this confidentiality. However, if a subpoena is served, the right to confidentiality may not cover the testimony of other clients in the group.

NOTE: If you are participating in couples counseling, each member of the couple must sign a release of information for any part of the couples' records to be released.

***If in couples counseling, both members of couple must sign understanding of limits of confidentiality.**

Patient's signature

Date

Patient's signature

Date

Therapist's signature

Date