



Client Confidentiality and Consent for Treatment

At A Center 4 Change all staff are bound by ethical principle to keep information about you the client confidential but there are certain exceptions to these principles that you should understand and be aware of prior to entering into a therapeutic relationship.

The exceptions to be aware of include:

- In case of suspected child abuse, we are required to report this to the appropriate county authorities even when this requires breaking confidentiality.
- If at some point, we believe that your life or someone else’s life is endangered by actions you are about to take, we may break confidentiality to warn or prevent harm to you or another person.
- If you are using a third party payer (private insurance, managed health care, EAP, Medicare, Medicaid, etc.) we may be required to submit reports or information, such as diagnosis to obtain reimbursement from your insurer. If there are unresolved difficulties in payment of fees, it may be necessary to turn your account names over to an attorney or collection agency.
- Under some circumstances, such as custody and divorce litigation, case records may be subpoenaed by a judge.
- If you sign a release of information in order that we may speak or correspond with professionals with whom you have had previous contact, information about you will be divulged with your consent.
- If you are a legal minor (under the age of 18) or a person under the age of 21 who is under the supervision of your parents who have contacted us for treatment, and you engage in behaviors that seriously threaten your health and well-being, this information may be given to your parents or legal guardian. We will attempt to inform you of the decision to divulge the information before disclosure.

If you have any questions regarding this policy please discuss them with one of the A Center 4 Change staff members as soon as possible.

Your signature will be used as consent for psychological treatment and as evidence that you have read, understood, and agree to these terms.

Client/Legal Guardian

Date

Witness

Date

Client Name:

Date of Birth: