

## **CONFIDENTIALITY and LIMITS OF CONFIDENTIALITY**

The therapeutic services that are being provided to you are strictly confidential. Generally, confidentiality means that whatever you discuss in therapy will not be discussed outside of the therapeutic setting. However, there are certain limitations of confidentiality. These limitations are described below:

### **Clinical Consultation and Supervision**

Your therapist may discuss certain aspects of your treatment in supervisory and/or professional consultation sessions. The purpose of supervisor and professional consultation is to ensure you are being provided with the best possible treatment. Any information discussed in these sessions is kept strictly confidential between the professional parties. All therapists at Caramenico Counseling Group, LLC are required to participate in Clinical Consultation on a monthly basis with Jennifer Erb Caramenico, MA, LPC. Therapists may also participate in Group Peer Consultation with the other professionals affiliated with Caramenico Counseling Group, LLC. Additionally, therapists may seek outside supervision or professional consultation at his/her discretion.

### **Mandated Reporting – Incidents or Suspected Incidents of Abuse**

Your therapist is mandated by law to report to Child Protective Services any instance in which a child/ adolescent client (under the age of 18) discloses he/she is being or has been abused (physically, sexually, or by neglect). Further, if your therapist has reason to believe (based on his/her professional training and experience) that a child is being abused or may have been abused but the child has not made an explicit disclosure, your therapist must report this to Child Protective Services. Your therapist will make this report to Child Protective Services immediately; following this, the therapist will notify the child/adolescent client's parent/guardian of the report within 24 hours (unless the parent/guardian is identified as the perpetrator of abuse). Please be advised that the therapist is also required to report any disclosed incidents of child abuse (past or present). If a client discloses that he/she facilitated, witnessed, or caused an incident of child abuse or abuse against a vulnerable adult, your therapist is required to report this to Child Protective Services or Adult Protective Services.

As mandated by law, if your therapist has reason to believe (based on his/her professional training and experience) that you are abusing or neglecting a child or vulnerable adult, or you disclose that information about someone else whom is doing this, your therapist must contact Child Protective Services or Adult Protective Services immediately.

If you disclose to your therapist information about another child or vulnerable adult being abused, your therapist will report this information to Child Protective Service or Adult Protective as mandated by law.

### **Threats/Risk of Harm to Self and/or Others**

If you threaten to harm another person and based on his/her professional training and experience he/she believes you may present an imminent danger to that person, he/she will notify the authorities in order to assist with the protection of the potential victim(s).

If you threaten to harm yourself and your therapist believes you present an imminent danger to yourself, he/she will notify the authorities or Crisis Services unless you identify an individual who can assist with keeping you safe and/or transport you to crisis services. If the client is under the age of 18, the therapist will contact the client's parent/guardian to assist with intervention and safety planning.

### **Third Party Communications**

Your therapist may provide information regarding your treatment to a third party only in instances where you have provided written authorization to do so. You may restrict or rescind in writing an authorization to disclose treatment information at any time. However, rescinding an authorization will take effect the date the written request is received by the therapist and will not be applicable to previously disclosed information. In matters related to the Court, your therapist will be required to share information about your treatment if court-ordered to do so.

If utilizing insurance benefits to fund services, your therapist is required to provide certain information about your treatment for billing and authorization purposes. In addition, your insurance provider has the right to inspect or request a copy of your health record at any time. In such cases, your therapist will release the minimum amount of information in order to satisfy the insurance company under the terms of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Please refer to our Notice of Privacy Standards for details.

### **Family and Couple's Therapy – “No Secrets” Policy**

If family or couple's therapy is provided confidentiality applies to the “Treatment Unit” which includes all members of the family or couple who participate in therapy. For treatment delivery and confidentiality purposes the “Treatment Unit” is considered to be the client.

During the course of family/couple's therapy the therapist may have sessions with individual members of the “Treatment Unit” as clinically indicated in the treatment plan or based on the presented needs of the “Treatment Unit”. These sessions are confidential in the sense that your therapist will not release any confidential information to a third party unless he/she is required by law to do so or with other requests, unless he/she has written authorization from all members of the “Treatment Unit”. However, your therapist may need to share information learned in an individual session (or a session with only a portion of the “Treatment Unit” being present) with the entire “Treatment Unit” – that is, the family or the couple, in order to effectively provide treatment. The therapist will use his/her clinical judgment as to whether, when, and to what extent he/she will make disclosures to the “Treatment Unit”. In most instances, the individual or smaller part of the “Treatment Unit” will be given the opportunity to make such a disclosure to the entire “Treatment Unit”. If an individual within the “Treatment Unit” feels it is necessary for him/her to discuss matters that he/she does not want shared with the entire “Treatment Unit” he/she should consult with an individual therapist who may provide treatment to address such matters outside of family or couple's therapy.

This “No Secrets” policy is intended to allow your therapist to continue to treat the couple or family by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If your therapist is not free to exercise his/her clinical judgment regarding the need to bring this information to the family or the couple during their therapy, the therapist might be placed in a situation where he/she will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

This policy allows your therapist the discretion to use his/her clinical judgment to disclose information he/she gleaned during interactions with one member or a smaller part of the “Treatment Unit” to the entire “Treatment Unit” when such information is deemed to be clinically relevant to the providing effective and ethically sound family or couple's therapy to the entire “Treatment Unit”.

**Children/Adolescent Clients Age 14 and Older**

Parents/Guardians of clients age 14 years and older understand that their child has the right to full confidentiality in his/her treatment. The child client is free to discuss any and all material gone over in session with his/her parents/guardians and his/her therapist will encourage him/her to do so. However, the child client must provide written authorization to allow the therapist to discuss specific treatment content, clinical observations, or client disclosures with his/her parent/guardian. A few exceptions to this include:

- Parents/guardians will be notified immediately if, in the professional opinion of the child’s therapist, he/she is in imminent danger of seriously harming him/herself or others. This specifically does not apply to the use of illicit drugs or consensual sexual activity.
- Parents/guardians will be notified if it is discovered that the child client is being sexually or physically abused by another person (unless the parents/guardians have been identified as perpetrators of disclosed abuse).
- Parents/guardians will be informed as to general treatment progress in the presence or with the knowledge of the child client. If clinically indicated the child client will be encouraged to include his/her parents/guardians in some sessions; the child client will be encouraged and supported by the therapist to disclose information to his/her parents that the therapist believes might be important to assisting his/her treatment.

I have read, understand, and acknowledge the limitations of confidentiality while I am participating in mental health treatment. I agree and consent to participate in counseling services offered and provided by the identified independent practitioner at Caramenico Counseling Group, LLC. *If Family or Couple’s Therapy will be provided all involved individuals (age 14 and over) are clients as part of the “Treatment Unit” and required to sign this document.*

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Client Name	Signature	Date
	(All clients age 14 and older are required to sign this document)	

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Client Name	Signature	Date
	(All clients age 14 and older are required to sign this document)	

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Parent/Guardian Name	Signature	Date
	(Parent/Guardian must sign if child is under the age of 14)	

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Independent Practitioner Signature and Credentials	Date
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Client (or Parent/Guardian) was provided a signed copy of this document.  Client (or Parent/Guardian) declined a signed copy of this document. *Updated January 2018*