

Wellness Solutions, LLC
LIMITS OF CONFIDENTIALITY

***Please print, read thoroughly, sign at the bottom, and bring to your first session. If you have any questions please let me know and we can discuss them in your first session.*

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. Noted exceptions are as follows:

Duty to Warn and Protect

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

Abuse of Children and Vulnerable Adults

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

Prenatal Exposure to Controlled Substances

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

Minors/Guardianship

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

Insurance Providers (when applicable)

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Court Order

When subpoenaed by court of law confidential information can be released to appropriate legal parties.

I understand that Wellness Solutions, LLC and/or Danielle C. Ellis, MA, MCJ, LPC, NCC is mandated by law to report suspected abuse, neglect, or maltreatment and that all such instances will be reported.

I agree to the above limits of confidentiality and understand their meanings and ramifications.

Client Printed Name (Client's Parent/Guardian if under 18)

Client Signature (Client's Parent/Guardian if under 18)

Today's Date

Wellness Solutions, LLC Witness Printed Name

Wellness Solutions, LLC Witness Signature

Today's Date