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Phillips Mental Health Counseling, P.C

Form # 3: Limits of Confidentiality

Psychotherapy is confidential, although there are a few exceptions as stated below.

Duty to Warn: Therapists are mandated by law to disclose pertinent information discussed in therapy if the client has an intent or plan to harm another person. We are required to inform the intended victim and notify legal authorities.

Suicide/Self-harm: Depression is a common emotion expressed in therapy, but if a client is feeling hopeless enough to imply or disclose a plan for suicide; steps need to be taken to ensure safety.

These measures would include notifying the legal authorities as well as to make reasonable steps to notify the family.

Animal abuse: I will report animal abuse, including cases of neglect and hoarding.

Vulnerable Adults and Children: Mental health professionals are required by law to report stated or suspected abuse of a child or vulnerable adult to the appropriate social service agencies and/or legal authorities.

Prenatal Exposure to Controlled Substances: in keeping with protecting vulnerable populations. Mental Health Providers are required to report admitted use of controlled substances during pregnancy that is potentially harmful to the fetus.

Minors/Guardianship: Parents or legal guardians have the right to access a minor client's health information. Age of adult for psychotherapy is 18 years of age.

Insurance Providers: Information requested includes a description of impairments, dates and times of service, diagnosis, treatment plans, treatment progress, and the prognosis for improvement, case notes, and summaries.

Your signature below states that: I _____. (Print name) have read and understood the above-stated limitations to confidentiality. I accept the subsequent ramifications should there be a need to act on one of the above-stated exceptions. Other than the noted exceptions, if there are reasons to disclose my protected confidential information, I understand that I will be provided a Release of Information form.

Client Signature: _____ Date: _____

Print name: _____