

# Example Form - Limits of Confidentiality

*This Example Form is provided by Brighter Vision to its therapy practice clients for exemplary purposes only and does not consider factors that may be unique to individual therapy practices and the laws and regulations that apply within any specific local, state, and federal jurisdiction. This Example Form does not replace the advice of professional legal counsel.*

*Brighter Vision clients should consult with a licensed attorney to develop a Limits of Confidentiality Form that is individually tailored to a specific practice and the laws and regulations that the practice operates within.*

---

Psychotherapy is confidential, with the below stated exceptions.

**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.

**Suicide/Self harm:** Depression is a common emotion expressed in therapy.

If a client is feeling hopeless enough to imply or disclose a plan for suicide, steps need to be taken to ensure safety. This would include making reasonable attempts to notify the family and possible admission to psych emergency services.

**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.

**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 are 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 \_\_\_\_\_.

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

I have read and understand 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 \_\_\_\_\_

*This Example Form is provided by Brighter Vision to its therapy practice clients for exemplary purposes only and does not consider factors that may be unique to individual therapy practices and the laws and regulations that apply within any specific local, state, and federal jurisdiction. This Example Form does not replace the advice of professional legal counsel. Brighter Vision clients should consult with a licensed attorney to develop a Limits of Confidentiality Form that is individually tailored to a specific practice and the laws and regulations that the practice operates within.*