

Confidentiality

Confidentiality of information and records is strictly maintained. If releasing or discussing your mental health information with another party would benefit your treatment, I will ask you to sign a release of information. However, it is your right to choose not to sign it. Please keep in mind that not signing a release could limit my ability to effectively treat you (or your child).

If you are using health insurance to pay for my services, the insurance company or HMO will request specific information such as a diagnosis, date of services and sometimes a treatment plan. After you have read this letter, I will ask you to sign a form that authorizes me to release this information to the insurance company or HMO. You may refuse to authorize my release of information to the insurance company. In this case, however, you will be required to pay for services out of pocket.

According to Minnesota law, as a clinical social worker, I am a mandated reporter. This means that I am required in certain situations to release information about a client, even if the client refuses to authorize the release of this information. I must contact the appropriate state or county agency if I learn of minors (or vulnerable adults) who are currently, or have within a specific period of time, been abused or neglected. I am also required by to report certain information in connection with a “duty to warn” others of potential homicidal or suicidal acts. Finally, I am required to report to the appropriate professional board if, in the course of treatment, I learn of any boundary violations made by a therapist.

If you are a minor (under the age of 18), you have a legal right to request that information about you be kept from your parents. This request needs to be in writing. This request should explain your reasons for withholding information from your parents and show that you understand the consequences of doing so. In a few cases, the law permits me to withhold information from your parents without a request from you (this could include chemical dependency treatment, venereal disease or if you are married).

My preferred policy is to extend confidentiality to adolescents. I find that this creates a safer therapeutic atmosphere for them to address treatment goals. If an issue arises that I believe should be shared with parents, I will first talk with the adolescent about this. However, if I am concerned about the adolescent’s safety, which includes but is not limited to: threats of suicide, harm to others or abuse, I will break confidentiality and report this concern to the appropriate party.

I have read and understand the terms of confidentiality.

Signature of Client or Parent/Guardian

Date