

Confidentiality

You have privileged communication under the laws of the State of Oregon. This means that with a few exceptions, anything discussed in treatment, any information obtained about you from any source, and even the fact that you are a client, is confidential and can only be disclosed to others with your signed consent. Exceptions to this privilege include:

- If I suspect a child, a developmentally disabled adult, or an elderly person is being physically, emotionally or sexually abused or neglected, I am mandated to report this to the appropriate authorities. I am even required to report consensual sex if that person is under 16 years old or if someone under 18 years old is having sex with someone at least three years older according to Oregon law.
- If you appear an imminent danger to yourself or another person, I am required to take any steps realistically possible to protect you and/or another persona being threatened.
- Under court order, mental health records may have to be disclosed to the court although I would seek your consent and protect your confidentiality to the extent possible.
- In the event that an unpaid bill is referred to a collection agency or small claims court, your name, payment record and last known address will be given to that agency.
- If an insurance company is paying for services and requires information about diagnoses and/or progress reports for payment, this information will be given.

It is also important for teenagers to trust that what they say will be kept confidential. I will consistently notify parents if their minor child presents as being an imminent harm to themselves or another person; however, not all information disclosed to me will be shared with the parent. As much as possible, I will encourage minor clients to increase communication with their parents and facilitate opportunities for this to happen.

In my ongoing training and supervision by professional mentors, I may seek consultation regarding my work with you. If your treatment were to be discussed, it would be without using your name or specific identifying information unless I first acquire your written consent.

It may be necessary to contact you by phone or mail regarding billing or appointment changes. Please initial if the following means of contacting you are OK.

_____ It is OK with me for information regarding my appointment scheduling to be left on my voice mail or given to persons answering the following telephone numbers: _____

_____ It is OK with me to receive billing and appointment information in the mail if necessary.

Signed _____

Date _____

Witness _____

Date _____