



RenewedFreedomCenter

Limits of Confidentiality

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

Duty to Warn and Protect:

When a patient 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 patient discloses or implies a plan for suicide, the mental health professional is required to notify legal authorities and make reasonable attempts to notify the family of the patient.

Abuse of Children and Vulnerable Adults:

If a patient states or suggests that he or she is abusing a child (or a vulnerable adult) or has recently abused a child (or a vulnerable adult), or a child (or a 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 patients have the right to access the patients' records.

Insurance Providers (when applicable):

Insurance companies and other third-party payers are given information that they request regarding services to patients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Electronic Devices:

Renewed Freedom Center takes precaution to ensure the confidentiality of information transmitted through non-face to face sessions. However, patients risk their privacy and their limits of confidentiality when computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, text messaging, Skype, and other electronic or computer technology are used.

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

Patient's Signature (or parent/legal guardian): _____

Witness: _____ Date: _____

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