Lauren Reiter LCSW

708 Paluxy Rd., Ste I

Granbury, TX. 76048

(817) 770-0470

**Client Confidentiality Information and Consent**

All information between counselor and client is held strictly confidential unless:

1. The client authorizes a release of information with his/her signature
2. The client presents a physical danger to self
3. The client presents a physical danger to others
4. Child/elder abuse is suspected
5. The clients seeks treatment to avoid detention of apprehension or to commit a crime
6. You are under the age of 16 and are a victim of a crime
7. To decide an issue of deed or conveyance, will or other writing executed by you
8. You file a suit against your therapist for breach of duty or your therapist files a suit against you
9. You are involved in criminal prosecution and the therapist receives a subpoena
10. You have filed suit against anyone and have claimed mental or emotional damages as part of the suit.
11. You file a complaint with the licensing board
12. There are fee disputes between therapist and client (collections)
13. The court orders release or review of the records
14. Situations which, in the therapist’s judgement, it is necessary to warn of disclose for safety
15. You have consented to disclosure by signing a release of information
16. If you are under the age of 18, your parent and/or legal guardian is entitled to all information about your treatment such as your goals, your progress, the focus of the sessions, and treatment recommendations. If you do not want specific details disclosed to your parent, your parent must sign a confidentiality waiver form.
17. AIDS/HIV infection and possible transmission
18. If a claim is filed with your insurance company for payment or reimbursement of services. In this case, the insurance company has the right to review all records including diagnosis.

In the case of abuse or suspected abuse I am required by law to notify appropriate authorities.

If you have further questions, please discuss them with me. By signing this form you are giving your consent to the undersigned therapist to share confidential information to any persons mandated by law and the managed care company responsible for providing and paying for mental health services. You are releasing to hold harmless the undersigned therapist from any departure from your right to confidentiality that may result

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Client printed name Date of birth

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Client signature Date

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Parent or Guardian Signature Date

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Lauren Reiter LCSW Date