

# Lakewood Counseling

## Informed Consent for Confidentiality

1. If anyone requests information about me, my therapist will not give it unless and until I have signed a separate written authorization for her/him to do so. My therapist will not discuss anything about me with anyone without my written permission, except as noted here:
  - A. If I use insurance benefits, my therapist and Lakewood Counseling and Career Center cannot guarantee confidentiality from the insurance company.
  - B. If my therapist learns that I have abused a child, a spouse, or vulnerable adult (or if I am a child, spouse, or vulnerable adult and report having been recently abused), she/he must report it to the proper authority.
  - C. If my therapist has good reason to believe that I intend to physically harm myself or someone else, she/he will discuss it with me and may be required to warn that person or persons ( the Tarasoff duty), or to take steps to prevent such harm.
  - D. If my therapist has good reason to believe that I may be a danger to myself, she/he will contact at least one concerned person and/or take steps to prevent such harm.
  - E. If I give permission to release my records to a legal representative of my choice, these records could become discoverable by other legal representatives. If subpoenaed by the courts to release your records, we may have to do so.
  - F. My therapist may discuss my case with Lakewood clinicians and/or other outside professional case consultation groups. Identifying information (such as full name) will not be shared without written permission.
  - G. Since Lakewood Counseling and Career Center is a Rule 29 clinic, the State Department of Human Services has the right to review all cases. DHS must abide by all rules of confidentiality.
  
2. All non-emancipated minor clients under the age of 18 years old must have the consent of their parents following an initial intake session to receive further treatment services. All minors have the right to request that their records be withheld from their parents. No information will be provided to parents of minors without the knowledge of the client.

My signature indicates that I have read, discussed, and understand this information.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Legal Guardian /Relation to Client

\_\_\_\_\_  
Date