

**Confidentiality Agreement**

Confidentiality is included in the code of ethics for all medical professions and there are HIPAA (The Health Insurance Portability and Accountability Act) laws in place to protect your medical records, and personal/health information. Exclusions to this law include:

1. If a client signs a HIPAA release for a medical professional to collaborate with another party, this is legal permission to disclose and/or receive confidential personal/medical information.
2. If a client discusses plans to seriously and intentionally harm themselves or others, the medical professional is legally bound to alert authorities and any person(s) who is/are in danger.
3. If a client discusses ongoing domestic violence, the medical professional is legally bound to alert the authorities.
4. If a client discusses ongoing abuse and/or neglect of minors, the elderly or people with disabilities, the medical professional is legally bound to alert the authorities.
5. Medical professionals may release personal/medical information if they receive a court order to do so.
6. If an insurance company, government program or Employee Assistance Program/Student Assistance Program is paying for your treatment, they are considered “A Covered Entity” and have the ability to request certain information about your diagnosis and treatment.

Please sign below to indicate that you have read this agreement and understand the reasons listed above which are exclusions to HIPAA laws.

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_