Confidentiality Agreement

CONFIDENTIALITY AGREEMENT

1. PurposeThis confidentiality agreement is intended to protect the privacy of the client in their therapeutic relationship with the counselor. The purpose of this agreement is to ensure a secure environment that fosters trust, openness, and effective therapy.

2. Extent of ConfidentialityAll communication between the client and the counselor, whether verbal or written, will be treated with utmost confidentiality. This includes counseling sessions, notes, reports, and any test results. The counselor will securely store these records.

3. Limits of ConfidentialityWhile the counselor is committed to maintaining confidentiality, certain circumstances may necessitate the disclosure of information. These situations include:- When the counselor believes that the client poses a risk to their safety or the safety of others.- When the counselor reasonably suspects child abuse, elder abuse, or dependent adult abuse.- When the counselor is ordered by a court to disclose information.- In cases where consultation with other professionals is needed, the counselor will only disclose information necessary for the consultation and will avoid disclosing identifiable information about the client.

4. Client's RightsThe client has a right to privacy, to decline or end services at any time, and to request a summary of sessional and counseling-related records, kept securely within the lawful period and jurisdiction.

5. Client's ResponsibilitiesThe client is responsible for protecting their privacy outside of the counseling context. This includes understanding the potential privacy implications of email, texting, or social media interactions.

6. Agreement to TermsBy signing below, the client acknowledges that they understand the terms of this agreement and consent to the guidelines outlined here. They accept that they can ask questions about this agreement anytime and withdraw their consent with written notice.

Client's Name *: _____

Client Signature *

Date *: _____ dd / mm / yyyy **Counselor's Name *:** _____

Counselor Signature *