LIMITS OF CONFIDENTIALITY: RELEASE OF INFORMATION

Print Client's Name:_____

Please be advised that all information between therapist and client is held strictly confidential unless:

1) The client, parent, or legal authorizes release of specific information in writing by signature.

2) The therapist is ordered by the Court to release information to a specific third party.

3) Child abuse/neglect and/or maltreatment are suspected.

4) A client presents, in the therapist's opinion, a physical danger to self or others.

5) Abuse of adults aged 18-64 who are incapable of protecting themselves, or any abuse of the elderly aged 65 or older, is suspected, or abuse of otherwise dependent individuals is suspected.

In cases of suspected abuse and danger to self or others, Westside Infant Family Network is required by law to take steps to inform legal authorities, to hospitalize a client, or to contact potential victims so that protective measures can be taken.

I have read and understood the limits of confidentiality and release of information and I agree to all conditions.

_____

Signature and name of Parent/Legal Guardian:

( ) This form has been explained to the client in his/her own language.

_____ _____

Signature of Client: Date:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without the prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.