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### Confidentiality

In all but a few situations, your confidentiality and privacy is protected by state law and by the ethical rules of my profession. There are some exceptions as follows.

### Limits to Confidentiality

1. If you make a serious threat to harm yourself or another person, the law requires us to try to protect you or that other person by informing appropriate officials.
2. If we have reason to believe a child or any adult dependent has been or will be abused or neglected, we are legally required to report this to the proper authorities.
3. Limits to confidentiality apply if you are or will be involved in court proceedings and my records are ordered by a judge.
4. If a guardian ad litem (GAL) is appointed in a custody case involving child clients and she/he is ordered by the court to have access to mental health practitioners and records therein.
5. The Patriot Act of 2001 requires us under certain circumstances, to provide federal law agents with records, papers or documents upon request and prohibits us from disclosing to my client that the FBI sought or obtained the items under the Act.
6. In professional supervision or consultation with other therapists - shared office space, record storage and voicemail system with fellow therapist. Peers, fellow therapists and any supervisors are bound by confidentiality as well.
7. Email, texting and cell or Google voice phone communications cannot be guaranteed confidential. Please do not leave private health information in email, text or voicemail.
8. In the case of death or incapacitation, all clients will be contacted and records will be accessed by a designated mental health professional who will ensure confidentiality.

I have read and understand the above-stated limitations to confidentiality.

I accept the subsequent ramifications should there be a need to act on one of the above stated exceptions.

Other than the noted exceptions, if there are reasons to disclose my protected confidential information

I understand that I will be provided a Release of Information form.

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