

LIMITS OF CLIENT CONFIDENTIALITY

SUNNY STRASBURG, M.A., LMFT

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We are required to disclose confidential information if any of the following conditions exist:

1. You are a danger to yourself or others.
2. You seek treatment to avoid detection or apprehension or enable anyone to commit a crime.
3. Your therapist was appointed by the courts to evaluate you.
4. Your contact with your therapist is for the purpose of determining sanity in a criminal proceeding.
5. Your contact is for the purpose of establishing your competence.
6. The contact is one in which your psychotherapist must file a report to a public employer or as to information required to be recorded in a public office, if such report or record is open to public inspection.
7. You are under the age of 16 years and are the victim of a crime.
8. You are a minor and your psychotherapist suspects you are a victim of child abuse
9. You are a person over the age of 65 and your psychotherapist believes you are the victim of physical abuse. Your therapist may disclose information if you are the victim of emotional abuse.
10. You die and the communication is important to decide an issue concerning a deed or conveyance, will or other writing executed by you affecting an interest in property.
11. You file suit against your therapist for breach of duty or your therapist files suit against you.
12. You have filed against anyone and have claimed mental/emotional damages part of the suit.
13. You waive your rights to privilege or give consent to limited disclosure by your therapist.

*If you have any questions about these limitations, please discuss them with your therapist.

Client's Name: _____

Signature: _____ Date: _____

I am consenting to my (or my dependent) receiving outpatient treatment.

RELEASE OF INFORMATION

I authorize Sunny Strasburg, LMFT to contact my primary care physician

(Name): _____ regarding an appointment being made for follow-up, as well as information pertaining to psychological and emotional function.

Signature(Client): _____ Date: _____

(Guardian of Client. If applicable): _____ Date: _____