

# Confidentiality Policy

I respect the confidentiality of what you will tell me and what I may learn about you. And the confidentiality of the client records I keep are protected by Federal law and regulations. Generally, this means that I will not reveal to anyone that you are in treatment, or disclose

any information identifying you as having a mental health problem unless:

- 1) You consent to the disclosure in writing.
- 2) The disclosure is allowed by a court order or a demand by Arizona and South Dakota Board of Behavioral Health Examiners.
- 3) I have information regarding physical harm to any person or a threat to commit physical harm to any person (including yourself).
- 4) I have information regarding suspected or perpetrated child/elder abuse or neglect.

I, \_\_\_\_\_, hereby acknowledge that I understand and accept this policy.

\_\_\_\_\_ (Client Signature)      \_\_\_\_\_ (Date)

\_\_\_\_\_ (Therapist Signature)      \_\_\_\_\_ (Date)

Kari Moennig, LPC-MH