



# Noemi A. Bolton, MSSN, MSW, LCSW

## Psychotherapy for Individuals, Couples, Families & Groups

24 Mine Street, Suite 2D, Flemington, NJ 08822 | Web: [www.noemibolton.com](http://www.noemibolton.com) | Phone: (908) 246-7489 | Fax: (908) 806-2379

### LIMITS OF CONFIDENTIALITY

Please sign this form and bring it with you to our first appointment.

All information disclosed within therapy sessions is kept confidential. Both verbal information and written records pertaining to a client and their therapy sessions may not be disclosed without the written consent of the client, or the client's legal guardian, except in instances where disclosure is required by law.

However, in certain situations, your protected health information may be shared *without* your consent or authorization. These include the following scenarios:

#### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the mental health professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional is required to notify legal authorities and make reasonable attempts to notify the family of the client.

#### **Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the mental health professional is required to report this information to the appropriate social service and/or legal authorities.

#### **Prenatal Exposure to Controlled Substances**

Mental Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

#### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the clients' records.

#### **Insurance Providers (when applicable)**

Insurance companies and other third-party payers are given information that they request regarding services to clients.

Information that may be requested includes, but is not limited to, types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries, and will be released to your insurance company.

*I acknowledge that I have been informed, and I understand the above limits of confidentiality and understand their meanings and ramifications.*

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Client's Parent/Guardian Signature (if under age 18)**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**If Guardian, Relationship to Client**