



AHWI Psychology Group

5100 E. The Toledo, Long Beach, CA 90803
562.439.3425 Phone | 562.433.5522 Fax

CONFIDENTIALITY STATEMENT

During the course of your treatment, it may be necessary for my therapist to communicate with other providers at AHWI Psychology Group. While written authorization will not be requested prior to any discussion with AHWI Psychology Group staff, I understand that my clinician will discuss AHWI Psychology Group communications with me as it relates to my treatment. In all other circumstances, consent to release information is given through written authorization. Verbal consent for limited release of information may be necessary in special circumstances. I further understand that there are specific and limited exceptions to this confidentiality which include the following:

- When there is risk of imminent danger to myself or to another person, the clinician is required to take necessary steps to prevent such danger.
- When there is suspicion that a child is being neglected; sexually, emotionally, or physically abused; or is at risk of such abuse, the clinician is legally required to take steps to protect the child and to inform the proper authorities.
- When there is suspicion that an elder is being neglected; sexually, emotionally, or physically abuse; or financially exploited or isolated or is at risk of such abuse, the clinician is legally required to take steps to protect the elder and to inform the proper authorities.
- When a valid court order is issued for health records, the clinician and the agency are bound by law to comply with such requests.
- I understand that in an emergency when my health or life is in danger, my therapist must give other professionals any information about me that is needed to protect my life.
- **Parent/Guardian only:** I understand that if my child or adolescent is in therapy, the therapist will give me as the parent or guardian only general information about therapy, except that the therapist will tell me if he or she finds out from my child or adolescent that they or others are in danger.
- I understand that in family therapy, all members of the family must understand the limits of confidentiality and must agree on which family members will have the power to sign the Release of Information forms authorizing disclosure of information about the family's history or treatment.
- I understand that if I am in couple's therapy and tell the therapist something my partner does not know that could be potentially harmful to my partner, the therapist and this agency cannot keep that information confidential from my partner.
- I understand that if I fail to meet my financial obligation to this agency and it becomes necessary to use legal means to collect my fees, the agency may disclose my name, address, date(s) of services, and balance to a collection agency in an attempt to work with me in obtaining fees for services rendered.
- I understand that a range of health professionals, some of whom are in training, provide services. All professionals-in-training are supervised by a licensed psychologist. I understand that AHWI Psychology Group routinely records therapy sessions. I understand that such recording(s) will be used only for educational and or research purposes and that the professionals involved will respect and protect the confidential nature of the sessions. I understand that the tapes will be the property of AHWI Psychology Group. I also understand that if I object to be videotaped, it will in no way jeopardize my relationship with AHWI Psychology Group.
- I understand that support staff may also view confidential information in the context of their work activities such as peer reviews, but are required to keep such information private and confidential as a term of their employment.
- I understand that many insurance companies, Medicaid and Medicare often require the disclosure of personal information including but not limited to diagnosis, level of functioning and treatment plans prior to gaining authorization and reimbursement for services. I agree that such information can be released to such entities at the discretion of AHWI Psychology Group.
- California only: I understand that crimes involving hospitalized patients must be reported by the clinician to the appropriate legal authorities or law enforcement agencies.

Signature of Client or Parent or Legal Guardian

Date

Print Name

Relationship

AHWI Psychology Group

Date