

## CONFIDENTIALITY POLICY

Confidentiality and privileged communication remain the rights of all clients of professional counselors according to law. However, there are limits to such communication some of which are mandated by state law. It is very important that you and those seeking counseling with you carefully read and understand the following limits of confidentiality.

**Duty to Warn.** Some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being, or against himself or herself, it is the counselor's duty to warn appropriate individuals of such intentions. Those warned may include a variety of persons such as:

1. The person or the family of the person who is likely to suffer the results of harmful behavior.
2. The family of the client who intends to harm him/herself or someone else.
3. Associates, friends of those threatened, or making threats.
4. Law enforcement and medical emergency officials.

**Child Abuse.** Michigan state law mandates the reporting of incidence of suspected incidence of child abuse including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, emotional and psychological abuse. All actual or suspected acts of child abuse will need to be reported to the appropriate agencies.

**"Dependent Adult" and Elderly Abuse.** Michigan law requires the incidence of "dependent adult" or elderly physical abuse reported to your counselor must also be reported to Michigan authorities.  
**Professional Misconduct.** Professional misconduct by a healthcare professional must be reported by other healthcare professionals. In cases in which a professional or legal disciplinary meeting is being held regarding the health care professional's actions, related records may be released to substantiate disciplinary concerns.

**Court Orders.** Healthcare professionals are required to release records of clients when a court order has been placed.

**Minors/Guardianship.** Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

**Family and Couple Therapy.** Family members and couples may be seen at times individually or conjointly. Information shared during these sessions or in related settings (e.g. telephone calls) is considered part of the overall family or couple therapy process and is not confidential from the other participating family members or partners. Your therapist will use his or her discretion in handling these matters. This is simply our "no secrets" policy. It is important that you understand this policy before treatment begins. It supports our belief that healthy relationships are built on openness and truth.

**Case Evaluation.** In order to ensure the best treatment possible for each client, Wellspring Counseling staff does consult with each other regarding cases. This is traditional in both out-patient and in-patient counseling facilities and is referred to as "case conference" or "peer review." If you have any concerns regarding this practice, please notify your therapist.

**Neglect of Outstanding Debt.** In the event that a client fails to honor, after reasonable efforts to collect; his/her debt, Wellspring Counseling may place the account in the hands of an agency or attorney for collection or legal action. This will necessitate the release of pertinent demographic information as well as accounting information. No therapeutic information will be released. I understand I (the client) am financially responsible for any additional costs Wellspring accrues in hiring the aforementioned third party entities/ but not limited to collection agencies, attorney's and attorney fees, court cost, etc.

Please be sure that you have read the above very carefully. If you are not sure that you fully understand any of the above areas of confidentiality limitations, please ask your counselor before you sign below.

I/We the undersigned, have read and fully understand the limits of my/our confidentiality. I/We further agree to abide by the policy set out above. I/We have had a chance to ask my/our counselor for additional clarification regarding the limits of confidentiality.

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Client, Parent or Guardian's Signature

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Date