## SARA TAFF COUNSELING, LLC

2015 Hamilton Street, Suite 203A Allentown, PA 18104

## <u>Privacy of Information Shared in Counseling/Therapy:</u> <u>Your Rights and Our Policies</u>

## What to expect:

The purpose of meeting with a counselor or therapist is to get help with problems in your life that are bothering you or that are keeping you from being successful in important areas of your life. You may be here because you wanted to talk to a counselor or therapist about these problems. Or, you may be here because your parter or spouse, doctor or colleague, had concerns about you. When we meet, we will discuss these problems. I will ask questions, listen to you and suggest a plan for improving these problems. It is important that you feel comfortable talking to me about the issues that are bothering you. Sometimes these issue will include things you don't want those close to you, to know about. For most people, knowing that what they say will be kept private helps them feel more comfortable and having more trust in their counselor or therapist. Privacy, also called confidentiality, is an important and necessary part of good counseling.

As a general rule, I will keep the information you share with me in our sessions confidential, unless I have your written consent to disclose certain information. There are, however, important exceptions to this rule that are important for you to understand before you share personal information with me in a therapy session. In some situations, I am required by law, or by the guidelines of my profession, to disclose information whether or not I have your permission. I have listed some of these situations below.

## Confidentiality cannot be maintained when:

- -You tell me you plan to cause harm or death to yourself, and I believe you have the intent and ability to carry out this threat in the very near future. I must take steps to inform your emergency contact of what you have told me and how serious I believe this threat to be. I must make sure that you are protected from harming yourself.
- -You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform your emergency contact, and I must inform the person whom you intend to harm.
- -You are doing things that could cause serious harm to you or someone else, even if you do not *intend* to harm yourself or another person. In these situations, I will need to use my professional judgement to decide whether your emergency contact should be informed.
- -You tell me you are being physically, sexually, or emotionally abused-or that you have been abused in the past. In this situation, I am required by law to report the abuse.
- -You are involved in a court case and a request is made for information about your counseling or therapy. If this happens, I will not disclose information without your written agreement *unless* the court requires me to. I will do all I can within the law to protect your confidentiality, and if i am required to disclose information to the court, I will inform you that this is happening.

Signing	below	ındıcates	that you	ı have review	ed the poli	icies descri	bed above a	and untersta	and the lin	11ts to	
confide	ntiality.	If you ha	ave any	questions as	we progres	s with ther	apy, you car	n ask your	therapist a	it any tin	ne.

Signature:	Date:				
Therapist Signature:	Date:				