

Professional Records

The laws and standards of our profession require that we keep counseling records. You are entitled to receive a copy of your records, or we can prepare a summary for you. Because these are professional records, they may be misunderstood by someone who is not a mental health professional. If you wish to see your records, we recommend you review them with us so that we can discuss the contents.

Minors

If you are under eighteen years of age, please be aware that the law may provide your parents the right to examine your counseling records. We will provide them only with general information about our work together unless we feel there is a high risk that you will harm yourself, someone else, and/or property. In this case, we will notify them of our concern. Before giving them any information, we will discuss the matter with you, if possible.

Confidentiality

We understand the importance of maintaining confidentiality in developing a trusting counseling relationship. We do not provide information about you to anyone without your written permission or, in some instances, verbal consent. Exceptions to this policy occur when:

1. We have a good reason to believe that there is imminent risk of danger of you harming yourself, another person, and/or property. In that case, law and professional ethics require us to inform one or more professionals who can prevent and/or assist us in dealing with the crisis. We would attempt to explore all other options with you before taking this step. If you were unwilling to take steps to insure your safety, we would call whomever seemed most appropriate to deal with the emergency.
2. We believe that a child, elderly person, or disabled person is being abused, we must file a report with the appropriate agency.
3. When a valid court order is issued for medical records.

These situations rarely occur in our practice. If such a situation does occur, we will make every effort to fully discuss it with you before taking any action.

Your counseling records are separate from Parton Health Center records. In situations where Health Center care is likely (e.g., if a student is at risk and likely to visit the Health Center in an emergency), in order to provide the best continuity of care, we will share your name and the level of concern with Health Center professional staff. Again, we will make every effort to discuss it with you beforehand.

We may occasionally find it helpful to consult other mental health professionals within or outside our office about a situation with a student. During a consultation, we do not use the student's name and we make every effort to avoid revealing the student's identity. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you, it is important that we discuss any questions or concerns that you may have at our meeting. We will be happy to discuss these issues with you.

Your signature below indicates that you have read the information in this document and understand its description of our work with you during our professional relationship which you may end at any time.

Student's Signature

Date

Counselor's Signature

Date