

CONFIDENTIALITY AND DENIAL OF RIGHTS

I understand that information discussed with my therapist is confidential and will not be discussed without my release of that information. Therapists at Shore Counseling and Consulting Clinic regularly consult with clinical professionals about cases, but this information is also confidential. I am aware of my rights as a voluntary client as stated in the “Shore Counseling and Consulting Clinic’s Notice of Privacy Policies.”

I understand that the only exception to this commitment to confidentiality is when there is a court order or law requires a therapist to protect the rights of clients and others. These include instances of child abuse, threats of suicide and harm to another.

SIGNATURE: _____ **DATE:** _____

CLIENT’S NAME: (PRINT) _____ **DATE OF BIRTH:** _____

RELATIONSHIP (IF OTHER THAN CLIENT): _____