

Will Davidson, LMHC Counseling Services

Confidentiality Policy

Your privacy is important to me, and I believe that counseling is most effective when clients feel comfortable speaking openly with their counselor. I hope this information will clarify my privacy policies.

In the usual course of events, you have the right to keep your counseling here completely private. This means that, I cannot share information about your counseling or the counseling of your child to anyone without your written consent.

Exceptions to Confidentiality

1. If appropriate, I may consult with your treating physician or other healthcare provider in order to coordinate care.
2. If you pose a threat of harm to yourself, or to another person, I will take whatever steps are required by law, or permitted by law, to help prevent the potential harm from happening.
3. In the event of a psychiatric hospitalization.
4. If you report information indicating that a child, disabled, or elderly person is suffering abuse or neglect.
5. A court order, issued by a judge, could require me to release information contained in your records, or could require me to testify.
6. With your permission I may share the details of your case with a qualified supervisor in order to ensure that you are receiving the best care possible.
7. If you are using insurance, I am required to provide the Insurer with dates of service, procedure codes, a diagnosis establishing a medical necessity, and charges. Sometimes, a treatment plan, treatment summary, and/or actual session entries are required for authorization and reimbursement. Massachusetts law prohibits your insurer from releasing any information about outpatient mental health care without your signed consent.

I have received, read and understood the confidentiality policy

Client or legal guardian _____ **Date:** _____

Witness _____ **Date:** _____