



Therapeutic Time, Inc.

Limits of Confidentiality

Sarah Barajas, MA, Psychological Associate PSB 94027905

Liliana Chavez Weichold, MA, Psychological Associate PSB 94027514

Dr. Trisha Rich-Thurm, PsyD Licensed as a Clinical Psychologist PSY 24976,

Marriage & Family Therapist MFC 42603, & National Certified Counselor NCC 264935

therapeutictimeinc@therapyemail.com Phone (661) 714-2028 Address 44349 Lowtree Ave Suite 101 Lancaster CA 93534

Client Name: _____ **DOB:** _____

In general, the privacy of all communications between a client and a Psychologist or Psychological Associate is protected by law and can only be released to others with your written permission. But there are a few exceptions. Confidentiality is the hallmark of the therapeutic relationship! The law states that a client has the right to have information provided or shared during a psychotherapy session to remain private and cannot be shared without written or at times oral permission. **With this being said it must be disclosed that there are some exceptions to the right to privacy and they include:**

- Suspected **Child Abuse** (anyone under the age of 18): **Sexual abuse of a child** is any sexual act between an adult and a child, including penetration, intercourse, incest, rape, oral sex, and sodomy and including fondling violations of the body, exposing children to adult sexuality, and commercial exploitation. **Physical child abuse** is an injury resulting from physical aggression. The injury from physical child abuse may be the result of: Beating, slapping, hitting, pushing, shaking, kicking, or throwing, pinching, biting, choking, hair-pulling, burning with cigarettes, scalding water, or other hot objects, severe physical punishment, Shaken Baby Syndrome, **Munchausen by Proxy Syndrome**, and **Drug use during pregnancy**. **Emotional Abuse** is behaviors toward the child that cause mental anguish and are considered emotional abuse (also called **psychological abuse**). Examples of emotional abuse are shouting often at the child, withholding kindness or affection, extended periods of silence, and harsh jokes at the expense of the child, calling the child names or making other demeaning remarks can be termed emotional abuse, and social withdrawal and delayed or inappropriate emotional development. **Neglect** is when parents or caregivers are continually unavailable for the child, are physically present, but are unavailable or refuse to care for the child or meet his/her basic needs such as clothing, food, or shelter, emotional needs, healthcare, academics, and need for caregiver attention.
- **Elder Abuse** (anyone 65 years of age or older): **Physical abuse** happens when someone causes bodily harm by hitting, pushing, or slapping. This may also include restraining an older adult against his/her will, such as locking them in a room or tying them to furniture. **Emotional abuse**, sometimes called psychological abuse, can include a caregiver saying hurtful words, yelling, threatening, or repeatedly ignoring the older adult. Keeping that person from seeing close friends and relatives is another form of emotional abuse. **Neglect** occurs when the caregiver does not try to respond to the older adult's needs. This may include physical, emotional, and social needs, or withholding food, medications, or access to health care. **Abandonment** is leaving an older adult who needs help alone without planning for his or her care. **Sexual abuse** involves a caregiver forcing an older adult to watch or be part of sexual acts. **Financial abuse** happens when

money or belongings are stolen from an older adult. It can include forging checks, taking someone else's retirement or Social Security benefits, or using a person's credit cards and bank accounts without their permission. It also includes changing names on a will, bank account, life insurance policy, or title to a house without permission.

- **Serious threat of harm to oneself** where the client is not able to cooperate to ensure their safety and I am required to seek other resources of support to ensure safety. I may be obligated to seek hospitalization for a client or to contact family members or others who can help provide protection.
- **The serious threat of harm towards an identifiable victim** requires me to inform the police who the potential victim is to ensure safety is maintained.
- If called into a **Court of Law** by a *subpoena duces tecum* a Psychologist or Psychological Associate will be required to testify and release information to the court or be held in Contempt of Court. In most legal proceedings, you have the right to prevent the Psychologist or Psychological Associate from providing any information about your treatment by asserting the right to privilege but in some proceedings, a judge may order the testimony if he/she determines that the issues demand it.
- All parents and legal guardians of the **child or adolescent** will have full access to records according to the California state statutes and HIPAA regulations **unless** there is information regarding pregnancy, birth control, abortion, STD, or chemical dependency. These issues are protected and private information for adolescents.
- I may occasionally find it helpful to **consult with other professionals** about a case. During a consultation, a Psychologist or Psychological Associate will make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.
- **California Gun Violence Restraining Order Law** requires psychotherapists to report to local law enforcement agencies, within 24 hours, the identity of a person who made a serious threat of physical violence against a reasonably identifiable victim or victims, shall not have in his or her possession or under his or her custody or control, or receive or purchase, or attempt to receive or purchase any firearms whatsoever or any other deadly weapon for five years.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential problems, we must discuss any questions or concerns that you may have. The Psychologist or Psychological Associate will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex. Your signature below indicates that you have read the information in this document and agree to its terms:

Signature of Client

Date

In the case of treating a minor: **Sign Below**

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date