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Policy Regarding Confidentiality

One of your most important rights as a client involves confidentiality. Within certain limits, information revealed by you during therapy sessions will be kept strictly confidential. It will not be revealed to any other person or agency without your written consent. You should also know that there are certain times when, as a mental health professional, your therapist is required by law to reveal information obtained during therapy to other persons or agencies even without your consent. Also, your therapist is not required to inform you of such actions in this regard. Even so, he or she will most likely discuss with you such potential disclosures before they are made. The times when your therapist must reveal information to other persons or agencies are as follows:

- 1.) If you threaten grave bodily harm or death to another person, your therapist is required by law to take reasonable care to protect that other person. This may include telling the intended victim and/or appropriate law enforcement agencies.
- 2.) If you indicate a serious intention to harm yourself, your therapist may take steps to prevent such harm from occurring.
- 3.) If a valid court order is issued, your counselor may be required by law to provide the information specifically described by the court.
- 4.) If there is reasonable cause to believe that a child or “at-risk” adult may be abused or neglected, your therapist is required by law to report this to the Department of Social Services or the local law enforcement agency. “Abuse or neglect” means an act or omission on the part of any person which seriously threatens the health or welfare of the child or “at risk” adult. This includes abuse that is occurring now or that has occurred in the past.
- 5.) Threats to national security must be reported to the proper authorities.

Please discuss any questions you have about the above information with your therapist.

I have read and understood the conditions of clinical services described above and hereby give my consent to receive services under these conditions. I have been given a copy for my personal files.

_____ Date: _____

Client Signature

_____ Date: _____

Parent/Guardian Signature (for a minor)

_____ Date: _____

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