

Confidentiality Agreement

Throughout the counselling process, confidentiality is maintained for clients. This standard procedure and practice is for all clients, regardless of age or background, except in the following circumastances:

1. You give me written consent to tell someone else, e.g., a doctor or lawyer
2. You disclose information that would place you or another person at serious and imminent risk of harm
3. I am ordered by a court to disclose information
4. For supervision and education purposes. Note: Only non-identifiable information would be shared, e.g., no names, marks, personal features or other detail that would identify you as the client.

Where confidentiality cannot be maintained, I will take all possible steps to inform and discuss my intention with you.

Your signature on this document indicates that you have read and understood the above terms of confidentiality.

Client

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian

Name (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (1): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (2) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counsellor

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_