

## CONFIDENTIALITY STATEMENT

The work that we do at Western is confidential. Whatever you choose to discuss with your clinician is private. We will not share anything about you with anyone else unless we have your written permission to do so.

Often it is helpful for us to have your permission to exchange some information with others; for example, whoever may have referred you here, your physician, someone at work or school, or your family. You will be asked for permission for us to contact them. We will explain why there is a need to contact someone about you and we will explain the possible consequences if you decline. A signed Authorization to Release information will allow us to speak or correspond with them.

The confidentiality of alcohol and drug abuse patient records maintained by WPCS is protected by Federal and State laws. However, **some things by law, cannot be kept private, here are some exceptions to Confidentiality.**

1. If we are subpoenaed to testify in court and are court ordered to do so, we may have to give information without your permission. This may happen in issues concerning child custody or possible criminal behavior.
2. If we suspect that harm has come to a child, adolescent, or elderly person, or that a child, adolescent or elderly person might be harmed in the future, state law requires us to make a report to the appropriate authority.
3. If we learn that another person for property might be seriously harmed in the future or that a client intends to commit a crime of violence, it is our responsibility to protect others by informing them and the authorities.
4. If a client discloses that s/he intends self harm, it is our responsibility to attempt to prevent this by notifying appropriate resources.
5. If a medical emergency arises during a session we will disclose the necessary identifying information to emergency personnel.

It is important that you understand both your rights to privacy and the limits on these rights. We encourage you to discuss any concerns you may have about privacy with your clinician.

I have read and understand this document. I have been given a copy of this document.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Violation of the Federal and State Laws governing confidentiality by a person or a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal and State regulations.

(See 42 U.S.C. for Federal laws and 42 CFR Part 2 for Federal Regulations)

(Approved by the Office of Management and Budget under Control No. 0930-0099)

If you have any questions about your rights under this law and accompanying regulations, please ask your counselor. WPCS is dedicated to protecting the confidentiality of your records under the law.

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