

A MEASURE OF HEALTH:
THErapy, CONSULTATION, AND EDUCATIONAL SERVICES

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(BCCSW REGISTRATION # 5276)

CONFIDENTIALITY

No information or personally identifying information will be shared in any manner with any third party, without the express and written permission of the client (see below) or unless required by law.

In the event a client requests any information to be shared/released, he/she will be required to sign a release of information form detailing

- 1) The specific information to be released/shared
- 2) The party or parties with whom it is to be shared
- 3) The purpose for which the information is being shared and/or to be used
- 4) The manner in which it will be shared (ie: via telephone consult; written report)
- 5) The expiry date indicating the time parameters of the release of information
- 6) Signature of client and clinician

The client is responsible for all monetary costs/fees that may be incurred in regard to the above.
(see fee schedule)

Exceptions: Your confidential information may be released without your consent under the following conditions:

- when the purpose is to protect individuals (including the client) who are at foreseeable and imminent risk of bodily harm or death as a result of the client's actions
- under law that requires the reporting of child and elder abuse/neglect to authorities
- under subpoena from a court of law

I, the undersigned, acknowledge that the parameters of confidentiality have been explained to me and I fully understand them.

Name (please print): _____

Signature: _____ Date: _____

Clinician's Signature: _____