

*The Wissahickon Center for Relationship Therapy*  
*Privacy Policy*

All communications between you and your therapist will be kept private and confidential with the following exceptions:

1. Limited information about your diagnosis, history and a brief treatment summary will be released to specific family members or professionals at your request and with your express written permission.
2. I am required by law to seek help from relevant medical or legal authorities should you express credible intent to harm yourself or others. Your right to confidentiality is considered null and void in such circumstances.
3. I am required by law to report evidence of child abuse or neglect to the relevant authorities.
4. Should you become ill in my office I will seek emergency medical help on your behalf.
5. If I am seeing you in the context of couple's therapy and you reveal information to me that I believe is damaging to the relationship I will ask you to share it with your partner as I believe that keeping toxic secrets has the potential to greatly damage the ongoing health of good relationships.

If you request it I will prepare an invoice indicating your diagnosis, and the dates and types of sessions (i.e. individual, family or group) for purposes of seeking insurance reimbursement. It will be your right/responsibility to submit this invoice to your insurance company for reimbursement.

It is my policy not to testify in legal proceedings (i.e. divorce, child custody, lawsuits) as it is my experience that the possibility of legal testimony distorts and interferes with the process of good therapy.

I have been given a copy of the above policy. I have read the above policy and understand and accept the extent and limitations of therapist/client confidentiality.

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

Date: \_\_\_\_\_