

CONFIDENTIALITY POLICY

I have been informed that under South Carolina state law, communication between a client and therapist is privileged and may not be disclosed by the therapist unless the client consents. I have also been informed that client records maintained by a therapist may not be disclosed to third parties except with the client's consent or legal process.

Exceptions – I may use or disclose information without your consent or authorization in the following circumstances:

1. **Child Abuse** – If I have reasonable cause to suspect child abuse or neglect, I must report this suspicion to the appropriate authorities as required by law.
2. **Adult and Domestic Violence** – If I have reasonable cause to suspect you have been criminally abused, I must report this suspicion to the appropriate authorities as required by law.
3. **Serious Threat to Health and/or Safety** – If you communicate to me a threat of physical violence against a reasonably identified third person and you have the apparent intent and ability to carry out that threat in the foreseeable future, I may disclose relevant information and take reasonable steps permitted by law to prevent the threatened harm from occurring. If I believe that there is an imminent risk that you will inflict serious harm on yourself, I may disclose information in order to protect you.
4. **Professional Consultation** – As your therapist, it may be helpful to occasionally consult with professional colleagues to improve the effectiveness of treatment. If you have questions about this, please consult with me.

I have read and understand the above outlined Confidentiality Policy.

Signature

Date