

**Psychological Associates  
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**CONFIDENTIALITY POLICY**

**Patient/Clinician**

Confidence in patient/clinician confidentiality is one of the major factors of successful psychotherapy. Both verbal communication and written records are confidential and are protected by law. Written patient release for information is usually required for the transfer of records. However, there are some exceptions where information may be shared without a patient release. We feel that it is important that you are informed of these exceptions:

1. **ABUSE:** Abusive treatment and/or neglect to a child, elderly, or a disabled person is reported to the proper agency.
2. **HARM:** Threat of serious bodily harm to oneself or others is reported. Provider may seek the client's hospitalization, and notification to any or all of the following may be warranted:
  - The potential victim
  - Family members
  - Police
3. **LEGAL/COURTS:** In some legal proceedings, upon a court order, testimony and/or records may be rendered.
4. **SELF DEFENSE:** If legal actions are brought against clinician by the patient and/or family, information may be disclosed if necessary and relevant to the case.
5. **CHILDREN:** General feedback on the treatment progress is reported to the parents/guardians of children under 18.
6. **PEER CONSULTATION:** Occasionally, peer consultation is needed for the success of treatment. In these cases, no names will be disclosed in order to protect confidentiality.
7. **INSURANCE:** Disclosing information to a third-party payer and/or MCO for the purposes of administering benefits and managing care.
8. **PAYMENTS:** Information (name/address/dx/\$) may be disclosed to a billing or collection service for the purpose of collecting the payments owed for services rendered.

PATIENT SIGNATURE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_