

PROJECT COMMUNITY PRIDE
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Confidentiality and privileged communication remain the rights of all clients of professional counselors according to law. However, there are limits to such communication, some of which are mandated by state law. It is very important that you and those seeking counseling with you carefully read and understand the following limits of confidentiality.

Duty to Warn. Some courts have held that if an individual intends to take harmful, dangerous, or criminal action against another human being, or against himself or herself, it is the therapist's duty to warn appropriate individuals of such intentions. Those warned may include:

1. The person or the family of the person who is likely to suffer the results of harmful behavior.
2. The family of the client who intends to harm him/herself or someone else.
3. Associates, friends of those threatened or making threats.
4. Law enforcement, DYFS workers, or medical emergency officials.

Child Abuse. New Jersey state law mandates the reporting of incidents or suspected incidents of child abuse including neglect, emotional abuse, physical abuse, sexual abuse, and unlawful sexual intercourse. Therapists must, by law, report all actual or suspected acts of child abuse to the appropriate agencies.

Court Orders. Therapist/Counselors/Mental Health professionals are required to release records of clients when a court order has been placed.

Minors/Guardianship. Parents or legal guardians of non-emancipated minor clients have the right to speak with the client's therapist and/or to access records.

Signed Releases If a parent signs a Release of Information, Project Pride is authorized to share information about the child and/or family with the specific parties noted on the Release.

Case Evaluation or Conferencing. In order to ensure the best treatment possible for each client, Project Pride staff consults with each other regarding cases. This is traditional in both out-patient and in-patient counseling facilities and is referred to as "case conference" or "peer review." Information remains confidential within Project Pride. If you have any concerns regarding this practice, please notify your therapist.

I/We the undersigned have read and fully understand the limits of my/our confidentiality. I/We further agree to abide by the policy set out above. I/We have had a chance to ask my/our therapist for additional clarification regarding the limits of confidentiality.

Signature: _____ Date: _____

Signature: _____ Date: _____