**Confidentiality Agreement**

Information regarding your involvement with RJ Therapy is confidential and protected; however, there are exceptions to confidentiality where it is necessary to report specific information. This could include the following situations:

1. If I become aware that a child is being neglected or abused.
2. If I become aware that a client may do serious physical harm to self or others.
3. If I am subpoenaed by the court, I am obligated to testify. My records may also be subpoenaed and there is an obligation to present these to the courts.
4. Information regarding your treatment is collected and becomes part of your record. This record will only be accessed by those individuals who are responsible for your care. To ensure the quality of my service, I may consult with a clinical supervisor.
5. For the purpose of billing only, I use an electronic service called Ascend by Wix to provide you with an electronic invoice. To create this invoice, I must enter your name, address, phone number and email. This information is password protected.

If you have any questions or concerns, please contact me for further information.

As stated above, I understand the limits of confidentiality. By signing this form, I confirm that I understand the limits of confidentiality.

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Client Signature Date(dd/mm/yyyy)