

## **THErapy AGREEMENT**

### **Confidentiality:**

*Confidentiality means that therapists have a responsibility to you to safeguard information obtained from you during treatment. It is important that you understand that all identifying information about your assessment and treatment is kept confidential.*

In order to protect your confidentiality, any written, telephone, or personal inquiries about you will not be acknowledged. You must sign a release of information before any information about you is given outside of this office. If I need to coordinate your treatment with other professionals, you will be asked to sign a release of information form that allows me to discuss your case with them.

There are certain exceptions to confidentiality. The laws of the State of Montana requires that, under certain circumstances, information obtained during therapy be revealed to other persons or agencies with or without your permission:

1. To report suspected child abuse or neglect and abuse of the elderly or disabled.
2. To protect the client or others when there is a probability of imminent physical injury, or when there is a
3. probability of immediate mental or emotional injury.
4. If required in proceedings brought by a patient against a professional.
5. If required by the court to disclose treatment information in proceedings affecting the parent-child relationship.
6. There is no confidentiality of mental health information in connection with criminal proceedings, except communication by a person voluntarily involved in a substance abuse program.
7. In the treatment of a minor client, a mental health professional may advise a parent, managing conservator or guardian of a minor, with or without the minor's consent, or the treatment needed or given to the minor.

### **Litigation:**

*Clients involved in marital or family therapy agree to relinquish involving Elaine Maronick in any litigation regarding family members...ie. divorce or custody settlements.*

### *Risk of Counseling:*

There is often some emotional discomfort involved in counseling. You may experience discomfort, such as anger, depression, or frustration during therapy. Seeking to resolve concerns between family members, marital partners, and other persons, can lead to discomfort or changes in relationships that may not have been originally intended. The greatest risk is that counseling may not by itself resolve your concerns.

I understand and agree to the above counseling agreement.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Return to: 7 W. 6<sup>th</sup> Ave, 4<sup>th</sup> Floor receptionist, or email [elainemaronick@me.com](mailto:elainemaronick@me.com), or FAX 406-447-4255, or mail to 7 W. 6<sup>th</sup> Ave, Suite 512, Helena, MT 59601