## STEPHEN WHITE, PSY.D. CLINICAL PSYCHOLOGIST PSY 20739 16496 BERNARDO CENTER DRIVE #307 SAN DIEGO CA 92128-2524 (619) 922-1579

## **Confidentiality/Privacy Policy**

I will treat with great care all the information you share with me. It is your legal right that our sessions and my records about you be kept private, or confidential. In general, I will tell no one what you tell me or reveal that you are receiving treatment from me without your explicit permission.

Here are the most common exceptions to confidentiality:

1. If I believe you pose a serious threat to yourself or another person, the law requires me to try to protect you or that other person. This usually means telling others about the threat.

2. If I believe a child, elder (age 65 or older), or dependent adult (someone who relies on others due to physical or mental limitations) has been or will be abused or neglected, I am legally required to report this to the authorities.

3. If you were sent to me by a court or an employer for evaluation or treatment, the court or employer expects a report from me. If this is your situation, please talk with me before you tell me anything you do not want the court or your employer to know. You have a right to tell me only what you are comfortable telling.

4. If you are suing someone, being sued, or charged with a crime, I may be required by the court to release records. Please consult your lawyer about these issues.

In order to provide high-quality treatment I sometimes consult other professionals about my clients. These persons are also required to keep your information private. Your name will never be given to them without your permission, and they will be told only as much as they need to know to understand your situation.

Except for the situations I have described above, my office staff and I will only release information about you with your permission. All staff members who see your records have been trained in how to keep records confidential. I also ask you not to disclose the name or identity of any other client being seen in this office.

By signing below you indicate we have discussed this policy and that you have had an opportunity to ask any questions.

Signature of client

Date

Printed name