



INFORMED CONSENT – THERAPY, TESTING & MEDICATION MANAGEMENT

Confidentiality of all communications between a patient and/or psychologist or psychiatrist is protected by law, and your doctor can only release information to others with your written permission. There are a few exceptions, however.

In most judicial proceedings you have the right to prevent your doctor from testifying. However, in child custody proceedings, adoption proceedings, and proceedings in which your emotional condition is an important element, a judge may require your doctor's testimony if it is determined that resolution of the issues before the court requires it. If you are involved in litigation, or are anticipating litigation, and you choose to include your mental or emotional state as part of the litigation, your doctor may have to reveal part and/or all your treatment and/or evaluation records.

If you are called as a witness in criminal proceedings, opposing counsel may have some limited access to your treatment records. Testimony may also be ordered in (a) legal proceeding relating to psychiatric hospitalization; (b) in malpractice and disciplinary proceedings brought against a psychologist; (c) court-ordered psychological evaluations; and (d) certain legal cases where the client has died.

In addition, there are some circumstances when your doctor is required to breach confidentiality without a patient's permission. This occurs if the doctor suspects the neglect or abuse of a minor, in which case the doctor must file a report with the appropriate state agency. If, in your doctor's professional judgment, he/she believes that a patient is threatening serious harm to another, he/she is required to take protective action which may include notifying the police, warning the intended victim, or seeking the client's hospitalization. If a client threatens to harm him/herself, your doctor may be required to seek hospitalization for you. The clear intent of these requirements is that your doctor has both a legal and ethical responsibility to take action to protect endangered individuals from harm when his/her professional judgment indicates that such a danger exists. Fortunately, these situations rarely arise in our practice.

There are several other matters concerning confidentiality:

1. Our doctors may occasionally find it helpful or necessary to consult about a case with another professional. In these consultations your doctor makes every effort to avoid revealing the identity of the client. The consultant is, of course, also legally bound to maintain confidentiality. If he/she feels that it would be helpful to refer you to another professional for consultation then, of course, with your authorization, he/she will discuss your case with her or him.
2. Our doctors are required to maintain complete treatment records. Patients are entitled a copy of these records, unless the doctor believes the information would be emotionally damaging and, in such cases, the records must be made available to the patient's appropriate designee. Patients will be charged an appropriate fee for preparation.
3. If you use third party reimbursement, our office is required to provide the insurer with a clinical diagnosis and sometimes a treatment plan or summary. If you request it, our office will provide you with a copy the report as well.
4. If you are under eighteen years of age, please be aware that while the specific content of your communication is confidential, your parents have a right to receive general information on the progress of the treatment.
5. Under current Maryland law, in group and family therapy and in marital therapy all participants are required to consent to the release of information. One marital partner may not waive privilege for another. In cases of marital therapy, therefore, the record may be released only if both parties waive privilege or release of the record is court ordered.

While this summary of exceptions to confidentiality should prove helpful in informing you about potential problems, you should be aware that the laws governing these issues are often complex. We encourage your active discussion of these issues. However, if you need more specific advice, formal legal consultation may be desirable.

I have read the above and fully understand the limits of confidentiality in this relationship, and the circumstances in which confidential communications may need to be breached. I understand I may withdraw from treatment at any time but if I decide to do this, I will discuss my plan with my provider before acting on it.

Patient / Guardian Name (Printed)	Patient / Guardian Signature	Date
Witness Initials (Office Use Only)	Date Received	