

The Wholeness Institute
Dr. Beth Sikora, Ph.D.
6501 E. Greenway Parkway, #103-529, Scottsdale AZ 85254
602-508-9190

LIMITS OF CONFIDENTIALITY

Information discussed in the therapy setting is held confidential and will not be shared without written permission except under the following conditions:

1. The client threatens suicide.
2. The client threatens harm to another person(s), including murder, assault, or other physical harm.
3. The client is a minor (under 18) and reports child abuse, including but not limited to, physical beatings and sexual abuse.
4. The client reports abuse, neglect, or exploitation of the elderly or any adult 18 or older who is unable to protect him/herself due to physical or mental disability.
5. The client reports a minor, under the age of 18, has been sexually active by consent or not as required by Arizona Statute. If you have any questions about this, please talk with your counselor.
6. The client reports abuse or neglect of any minor (under 18).
7. The client reports sexual exploitation by a therapist.
8. Court ordered or subpoena of records by a judge.

State law mandates that mental health professionals may need to report these situations to the appropriate persons and/or agencies. Communications between the clinician and client will otherwise be deemed confidential as stated under the laws of this state.

HAVING READ AND UNDERSTOOD THE ABOVE, I AGREE TO THESE LIMITS OF CONFIDENTIALITY.

Name of Client and Guardian Date

Signature of Client and Guardian Date

Signature of Clinician Date