



TREATMENT/COUNSELING AGREEMENT

CONFIDENTIALITY

Confidentiality means that Spectrum Mental Wellness LLC. has a responsibility to safeguard information obtained during treatment/counseling. All identifying information about your assessment and treatment is kept confidential, except as mandated by law. You must sign a release of information before any information about you is given to anyone, except as mandated by law.

In certain situations, mental health professionals are required by law to reveal information obtained during treatment/counseling to other persons or agencies without your consent. In such situations, Council Psychiatric Care Specialists LLC. is not required to inform you of their actions. Please note the following exceptions to confidentiality:

- Cases of suspected abuse/neglect of children, vulnerable adults, or the elderly.
- Cases of potential harm to self or others by the client.
- A mental health professional may disclose confidential information in proceedings brought by a client against a professional.
- Confidentiality does not apply to cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
- Confidentiality may not apply in cases involving legal proceedings affecting the parent-child relationship.
- Confidentiality may not apply to cases involving a minor child. In such cases, the mental health professional may advise a parent, managing conservator or guardian of a minor, with or without minor's consent, of the treatment needed by or given to the minor.
- Confidentiality may not apply in a medical emergency involving the client.
- Insurance and managed care companies require personal identification information, diagnosis, symptoms, treatment goals, prognosis, evaluation of progress, and other information before reimbursement is considered. Such companies may also maintain the right to have a copy of your records.

I have read and accept this agreement and herewith consent to therapeutic services provided by Spectrum Mental Wellness LLC.

Client signature

Parent or legal guardian signature

Date

Relationship to client

TO BE READ AND SIGNED PRIOR TO YOUR FIRST APPOINTMENT WITH SPECTRUM MENTAL WELLNESS