

# Limits of Confidentiality

## Clinical Resident/Intern

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 suspected child abuse, including but not limited to, physical beatings, and sexual abuse.
4. The client reports abuse of the elderly.
5. The client reports abuse of adult who is developmentally disabled.
6. The client reports sexual exploitation by a licensed professional.
7. Felony activities may be reported.
8. Animal abuse

State law mandates that mental health professionals may need to report these situations to the appropriate persons and/or agencies.

Further, as a registered clinical resident who is under the supervision of an independently licensed practitioner, therapy sessions will be discussed with a supervisor or professional colleagues as deemed necessary.

Communications between 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 or Guardian

\_\_\_\_\_  
Signature of Client or Guardian

\_\_\_\_\_  
Signature of Clinical Resident/Intern

\_\_\_\_\_  
Signature of Supervisor/Clinician

\_\_\_\_\_  
Date

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