

Megan Bearce, LMFT, LLC

CONFIDENTIALITY STATEMENT

Dialogue between you and the counselor is held in strict confidence. Under the rules governing Marriage and Family Therapists in the state of Minnesota, a therapist must not disclose any private information that the therapist may have acquired in rendering services **except** as follows.

- When the Board of Marriage and Family Therapy is reviewing a therapist. The Board shall be allowed access to records of a client treated by a therapist under review if the client signs a written consent permitting access. If no consent form has been signed, the hospital, clinic, or licensee shall first delete data in the record that identifies the client before providing it to the board.
- When disclosure is required by state law like prenatal exposure to drugs and alcohol, reports of child abuse and neglect and vulnerable adults abuse and neglect.
- When failure to disclose the information presents a clear and present danger to the health or safety of an individual.
- When the person, employee, or associate is a defendant in a civil, criminal, or disciplinary action arising from the therapy.
- When the patient is a defendant in a criminal proceeding and the use of the privilege would violate the defendant's right to a compulsory process or the right to present testimony and witnesses in that person's behalf.
- When a patient agrees to a waiver of the privilege accorded by this section, and in circumstances where more than one person in a family is receiving therapy, each such family member agrees to the waiver. Absent a waiver from each family member, a marital and family therapist cannot disclose information received by a family member.

When Disclosures May Be Required:

- Disclosures may be required pursuant to a legal proceeding. If you place your mental status at issue in litigation initiated by you, the defendant may have the right to obtain psychotherapy records.
- Disclosure of confidential information may be required by your health insurance carrier or Employee Assistance Program (EAP) in order to process the claims. I have no control over or knowledge of what insurance companies do with the information I provide or who has access to this information. You must be aware that submitting an invoice for reimbursement of mental health services carries a certain amount of risk to confidentiality, privacy, or to future capacity to obtain health insurance or life insurance.

All other private information must be disclosed only with the informed consent of the client. Please note that my office phone is a cell phone. If clients choose to communicate via e-mail, these transactions are not encrypted and confidentiality cannot be guaranteed

My signature below means I have reviewed and understand the points above, as well as received a copy of this form.

Client Signature _____ Date _____

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