



### LIMITS ON CLIENT CONFIDENTIALITY

Full confidentiality is protected under the law and NASW ethics with the following exceptions:

1. If you are a danger to yourself or others.
2. You seek treatment to avoid detection or apprehension or enable anyone to commit a crime.
3. Your therapist was appointed by the courts to evaluate you.
4. You are under the age of 16 years and are the victim of a crime.
5. There are any reports or suspicions of previously unreported emotional, physical or sexual abuse or neglect to a minor (under the age of 18) or elder (someone over the age of 65).
6. You die, and the communication is important to decide an issue concerning a deed or conveyance will or other writing executed by you affecting an interest in property.
7. You file suit against your therapist for breach of duty or your therapist files suit against you.
8. You have filed suit against anyone claiming psychological damages as part of the suit.
9. You waive your rights to privilege or give consent to limited disclosure by your therapist.
10. Your insurance company paying for services has the right to review all records.
11. This practice follows the guidelines of the DBT "consultation to the patient" rule.
12. You understand that in DBT the therapist participates on a consultation team, therefore client information may be discussed in order to help the therapist be effective and stay adherent to the treatment.
13. We have discussed the use of electronic communications, (email, web video, texting, social media) and understand that although provisions are taken to secure confidentiality, there are risks to confidentiality with any electronic modalities.
14. In case the clinician or owner of the practice is suddenly unable to continue to provide professional services or to maintain client records due to incapacitation or death, there is a designated colleague who is a licensed clinician as the professional executor. The professional executor will be given access to all client records and may contact you directly to provide access to your records; to provide therapeutic services if needed; and/or to facilitate continued care with another qualified professional if needed.

\*These have all been reviewed and discussed in the initial consultation session.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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