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**Confidentiality and Records**

* I understand that my records and all of our communications become part of the clinical record. Records are the property of my counselor. Adult client records are disposed of seven (7) years after the client has stopped receiving services.
* I understand that most of our communication is confidential; however, there are circumstances when disclosure can occur without my prior consent. The following are typical, but not exhaustive, examples of situations and circumstances under which information may be disclosed without prior consent:
  + You are a danger to yourself or someone else
  + In situations of suspected child, spouse, or elderly abuse, it is the duty of the mental health provider to notify medical, legal or other authorities.
  + You disclose sexual contact with another mental health professional.
  + If you are involved in legal action/proceedings, your records may be subject to subpoena or lawful directive from a court.
* Nikkea Jones is ordered by court to disclose information
* You directly contact Nikkea Jones in writing to release your records
* Nikkea Jones is otherwise required by law to disclose information.

\_\_\_\_\_\_ **Initial here**

Statement of Understanding

I have read the above and understand the Professional Disclosure Statement and Informed Consent outlined above, and I have received a copy of this agreement. I solemnly swear that all of the above information is true to the best of my knowledge.

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Client or Parent/Guardian Signature Date

I have inquired to insure that the patient understood the above description of the limits of confidentiality.

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Counselor’s Signature Date