**EXCEPTIONS TO PRIVACY**

1. State law requires that our staff report to the appropriate authority any suspected physical, sexual, or emotional abuse and neglect.
2. If we learn that someone with whom we are working has a specific intent to bring harm to himself/herself, we reserve the right to inform other family members and/or make appropriate referrals if necessary.
3. If we have reason to be concerned about the drug and/or alcohol use or abuse by a child or teen, we reserve the right to inform the parent or guardian.
4. If the court, including a subpoena, orders information, we will attempt to contact you about the order. If you oppose the release, the court may nevertheless require compliance.
5. If we learn that someone participating in the program might commit a violent act or a crime has been committed, we may take steps to protect the intended victim against such danger and/or inform the police.
6. The rights and exceptions to privacy apply to information disclosed in support groups. All group members are encouraged to keep such information confidential, but the Amelia Center cannot guarantee they will do so.

At times, the Amelia Center uses case examples of children, teens, and their families in publishing journal articles, conducting professional training, and in fundraising efforts. We may anonymously refer to your situation in those circumstances. Your child, teen, or family’s complete name will never be used without specific written approval.

**Counseling/Confidentiality Agreement Form**

Before completing and signing this form, please read the Family Information Packet, and discuss any questions you have regarding the Exceptions to Privacy or any information in the packet with your counselor.

**Please initial each item to acknowledge you have read and understand the following:**

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| --- | --- |
|       | 1. We understand that the Amelia Center is a grief counseling center that provides individual counseling, group counseling, and educational opportunities on the subject of grief. Other issues may be referred to a more appropriate agency.
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|       | 1. We agree to attend sessions regularly and promptly. We understand that if we are routinely late or routinely miss sessions without calling in advance, therapy may be discontinued.
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|       | 1. We understand that children under 16 must be accompanied and supervised by a parent or another adult immediately before and after a session. Parent or adult accompanying children under 16 **must remain on the premises during session**.
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|       | 1. We have read and understand the “***Exceptions to Privacy***” form.
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| sdf | 1. We understand that the Amelia Center may use pictures, photos, artwork, quotations, stories, and/or writings for the purpose of training volunteers, newsletter articles and lectures. We understand that ***NO identifying information*** will be used unless we are informed and agree beforehand.
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| Print Names of all adult, children, and teens  |  | Signature of all individuals age 14 and older |  | Date |
|       |  | X |  |       |
|       |  | X |  |       |
|       |  | X |  |       |
|       |  | X |  |       |
|       |  | X |  |       |
|       |  | X |  |       |
|       |  | X |  |       |