

820 Bay Avenue, Suite 248
Capitola, CA 95010
Tel: (831) 621-1150
Fax: (831) 621-1154
Email: Drdashtban@medicalpsychologyservice.com
www.medicalpsychologyservice.com

What You Should Know about Confidentiality in Therapy

At Medical Psychology Services (MPS) we treat you with great care. Our professional ethics (that is, our profession's rules about values and moral matters) and the laws of this state prevent us from telling anyone else what you tell us unless you give us written permission. These rules and laws are the ways our society recognizes and supports the privacy of what we talk about—in other words, the “confidentiality” of therapy. But we cannot promise that everything you tell us will never be revealed to someone else. There are some times when the law requires us to tell things to others. There are also some other limits on our confidentiality. We need to discuss these, because we want you to understand clearly what we can and cannot keep confidential. So please read these pages carefully and keep this copy. Please ask to discuss or ask any questions you might have regarding this matter.

1. When you or other persons are in physical danger, the law requires us to tell others about it. Specifically:
 - a. If we come to believe that you are threatening serious harm to another person, we are required to try to protect that person. We may have to tell the person and the police, or perhaps try to have you put in a hospital.
 - b. If you seriously threaten or act in a way that is very likely to harm yourself, we may have to seek a hospital for you, or to call on your family members or others who can help protect you. If such a situation does come up, we will fully discuss the situation with you before we do anything, unless there is a very strong reason not to.
 - c. In an emergency where your life or health is in danger, and we cannot get your consent, we may give another professional some information to protect your life. We will try to get your permission first, and we will discuss this with you as soon as possible afterwards.
 - d. If we believe or suspect that you or someone you tell us are/is abusing a child, an elderly person, or a disabled person we must file a report with a state agency. To “abuse” means to neglect, hurt, or sexually molest another person. We do not have any legal power to investigate the situation to find out all the facts. The state agency will investigate. If this might be your situation, we should discuss the legal aspects in detail before you tell us anything about these topics. You may also want to talk to your lawyer.

In any of these situations, we would reveal only the information that is needed to protect you or the other person. We would not tell everything you have told us.

2. In general, if you become involved in a court case or proceeding, you can prevent us from testifying in court about what you have told us. This is called “privilege,” and it is your choice to prevent us from testifying or to allow us to do so. However, there are some situations where a judge or court may require us to testify:
 - a. In child custody or adoption proceedings, where your fitness as a parent is questioned or in doubt.
 - b. In cases where your emotional or mental condition is important information for a court's decision.
 - c. During a malpractice case or an investigation of us or another therapist by a professional group.
 - d. In a civil commitment hearing to decide if you will be admitted to or continued in a psychiatric hospital.
 - e. When you are seeing us for court-ordered evaluations or treatment. In this case we need to discuss confidentiality fully, because you don't have to tell us what you don't want the court to find out through our report.
 - f. If you were sent to us for an evaluation by worker's compensation or Social Security disability, we will be sending our report to a representative of that agency and it can contain anything that you tell us.

The signatures here show that we each have read, discussed, understand, and agree to abide by the points presented above.

Signature of client (or person acting for client)

Date

Printed name

Signature of psychologist

Date