

**Jenny Potzler**  
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**Limits of Confidentiality**

The contents of a counseling, intake, or assessment session are considered to be confidential. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian. It is the policy of this office not to release any information about a client without a signed release of information. Noted exceptions are as follows:

There are certain situations in which Jenny Potzler is required by law to reveal information obtained during therapy to other persons or agencies without your permission. These situations include:

**Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person, the health care professional is required to warn the intended victim and report this information to legal authorities. In cases in which the client discloses or implies a plan for suicide, the health care professional may notify legal authorities and make reasonable attempts to notify the family of the client, a close friend or spouse or an inpatient psychiatric institution) who could aid in prohibiting you from carrying out your threats.

**Abuse of Children and Vulnerable Adults**

If a client states or suggests that he or she is abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, the health care professional is required to report this information to the appropriate social service and/or legal authorities.

**Prenatal Exposure to Controlled Substances**

Health care professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful.

**In the Event of a Client's Death**

In the event of a client's death, the spouse or parents of a deceased client have a right to access their child's or spouse's records.

**Court Orders**

Health care professionals are required to release records of clients when a court order has been placed.

### **Minors/Guardianship**

Parents or legal guardians of non-emancipated minor clients have the right to access the client's records.

**If you are the guardian of a minor or are a minor, please read the following:**

By signing below, I give my consent for Jenny Potzler to conduct therapy sessions with the minor listed below. I have also been informed of the limitations to confidentiality in terms of the information given to Jenny Potzler about certain topics such as substance use and sexual activity. I accept Jenny Potzler's judgment in regard to releasing information related to the treatment of this minor. In addition, I understand that at any time if Jenny Potzler believes this minor is in danger of hurting him or herself, I will be notified immediately.

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

### **Other Provisions**

When fees for services are not paid in a timely manner, collection agencies may be utilized in collecting unpaid debts. The specific content of the services (e.g., diagnosis, treatment plan, case notes, testing) is not disclosed. If a debt remains unpaid it may be reported to credit agencies, and the client's credit report may state the amount owed, time frame, and the name of the clinic.

Insurance companies and other third-party payers are given information that they request regarding services to clients. Information which may be requested includes type of services, dates/times of services, diagnosis, treatment plan, and description of impairment, progress of therapy, case notes, and summaries.

Information about clients may be disclosed in consultations with other professionals in order to provide the best possible treatment. In such cases the name of the client, or any identifying information, is not disclosed. Clinical information about the client is discussed.

In some cases notes and reports are dictated/typed within the clinic or by outside sources specializing (and held accountable) for such procedures.

When couples, groups, or families are receiving services, separate files are kept for individuals for information disclosed that is of a confidential nature. The information includes (a) testing results, (b) information given to the mental health professional not in the presence of other person(s) utilizing services, (c) information received from other sources about the client, (d) diagnosis, (e) treatment plan, (f) individual reports/summaries, and (h) information that has been requested to be separate. The material disclosed in conjoint family or couples sessions, in which each party discloses such information in each other's presence, is kept in each file in the form of case notes.

In the event in which I must telephone the client for purposes such as appointment cancellations or reminders, or to give/receive other information, efforts are made to preserve confidentiality. Please list where I may reach you by phone and how you would like me to identify myself. For example, you might request that when I phone you at home or work, I do not say the nature of the call, but rather my first name only.

If this information is not provided to me (below), I will adhere to the following procedure when making phone calls: First I will ask to speak to the client (or guardian)

without identifying myself. If the person answering the phone asks for more identifying information I will say that it is a personal call. If I reach an answering machine or voice mail I will follow the same guidelines.

Please check where you may be reached by phone. Include phone numbers and how you would like me to identify myself when phoning you.

\_\_\_ HOME Phone number: \_\_\_\_\_  
How should I identify myself? \_\_\_\_\_

\_\_\_ WORK Phone number: \_\_\_\_\_  
How should I identify myself? \_\_\_\_\_

\_\_\_ OTHER Phone number: \_\_\_\_\_  
How should I identify myself? \_\_\_\_\_

### **Limitation on Confidentiality in Couple or Family Therapy**

This written policy is intended to inform you, the participants in family therapy or couple therapy, that when I agree to work with a couple or a family, I consider that couple or family (the treatment unit) to be the patient. For instance, if there is a request for the treatment records of the couple or the family, I will seek the authorization of all members of the treatment unit before I release confidential information to third parties. Also, if my records are subpoenaed, I will assert the psychotherapist-patient privilege on behalf of the patient (the treatment unit).

During the course of my work with a couple or a family, I may see a smaller part of the treatment unit (e.g., an individual or two siblings) for one or more sessions. You should see these sessions as a part of the work that I am doing with the family or the couple, unless otherwise indicated. If you are involved in one or more of such sessions with me, please understand that generally these sessions are confidential in the sense that I will not release any confidential information to a third party unless I am required by law to do so or unless I have your written authorization. In fact, since these sessions can and should be considered a part of the family or couple therapy, I would also seek the authorization of the other individuals in the treatment unit before releasing confidential information to a third party.

However, I may need to share information learned in an individual session (or a session with only a portion of the treatment unit being present) with the entire treatment unit - that is, the family or the couple, if I am to effectively serve the unit being treated. I will use my best judgment as to whether, when, and to what extent I will make disclosures to the treatment unit, and will also, if appropriate, first give the individual or the smaller part of the treatment unit being seen the opportunity to make the disclosure. Thus, if you feel it necessary to talk about matters that you absolutely want to be shared with no one, you might want to consult with an individual therapist who can treat you individually.

This "no secrets" policy is intended to allow me to continue to treat the patient (the couple or family unit) by preventing, to the extent possible, a conflict of interest to arise where an individual's interests may not be consistent with the interests of the unit being treated. For instance, information learned in the course of an individual session may be relevant or even essential to the proper treatment of the couple or the family. If I am not free to exercise my clinical judgment regarding the need to bring this information to the family or the couple during their therapy, I might be placed in a situation where I will have to terminate treatment of the couple or the family. This policy is intended to prevent the need for such a termination.

**We, the members of the \_\_\_\_\_ couple/family (or other unit being seen), acknowledge by our individual signatures below, that each of us has read this policy, that we understand it, that we have had an opportunity to discuss its contents with Jenny H. Potzler, MFT, and that we enter couple/family therapy in agreement with this policy.**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

**I have read and understand the information that has been presented to me. In addition, I agree to participate in the therapy process in accordance with the terms that have been explained.**

Dated: \_\_\_\_\_ Signature: \_\_\_\_\_