

What You Should Know about Confidentiality in Treatment

Professional ethics and the laws of this state prevent us from telling anyone else what we discuss in treatment unless you give us written permission to do so. These rules and laws are the ways our society recognizes and supports the privacy or “confidentiality” of therapy. There are times when the law requires us to reveal certain information. There are limits on our confidentiality. Please refer to “Notice of Privacy Practices” on our website at: drexel.edu/counselingandhealth/counseling-center/overview/confidentiality-privacy/ for a complete discussion of privacy and protection of this information. A hard copy is also available in the office.

1. When the safety and welfare of yourself or another person may be in danger the law requires disclosure.

Specifically: you or other persons are in danger, the law requires disclosure. Specifically:

- a.** If you are threatening serious harm to another person, we are required to try to protect that person. This may result our notifying campus security or the police, or if appropriate, residential staff. We are also required to notify the person being threatened.
- b.** If you seriously threaten or act in a way that is very likely to harm yourself. If you indicate that you have a plan to kill yourself, we may have to seek a hospital for you, or call a family member or other person who can help protect you. If such a situation arises, we will discuss the situation with you before we proceed, unless there is a very strong reason not to. 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 will discuss this with you as soon as possible afterwards.
- c.** If we have reason to suspect, on the basis of our professional judgment, that a child (anyone under 18 years of age) is being or has been abused, we are required to report our suspicions to the authority or government agency vested to conduct child abuse investigations. We are required to make such reports even if we do not see the child in our professional capacity. We are mandated to report suspected child abuse if anyone aged 14 or older tells us that he or she committed child abuse, even if the victim is no longer in danger. We are also mandated to report suspected child abuse if anyone tells us that he or she knows of any child who is currently being abused.

2. There are a few other things you must know about confidentiality and your treatment:

- a.** We may consult with other professionals from the Counseling Center about your treatment. This person is also required by professional ethics to keep your information confidential. When your therapist is unavailable, another therapist will be available to assist you. In that instance, pertinent information about your interaction may be shared.
- b.** We are required to keep records of your treatment. You have a right to review these records.
- c.** If you are involved in a legal case, a judge has the authority to issue a court order for your treatment records.

3. Email Communication: The Counseling Center will electronically communicate with you through your Drexel email address. Email usage should be used only for arranging or modifying appointments. Content related to therapy should not be emailed, as email is not a confidential, secure, and/or immediate means of communication. If you choose to communicate with this office via email be aware that all emails are retained in the logs of your and our internet service providers. While it is unlikely that someone will look at these logs, they are, in theory, available to be read by the system administrator(s) of the internet service provider. Any emails your therapist receives from you and any responses sent to you become a part of your legal record. Please do not send information requiring immediate reply over email, as email is not checked after business hours (after 5 p.m.) or on holidays and weekends.

4. In the event of a psychiatric emergency, we will likely transfer you to Penn Emergency Evaluation Center (PEEC). By signing this form, you are granting the Counseling Center permission to communicate with PEEC or any other crisis evaluation unit, about your condition and possible recommendations for further treatment.

5. If you need referral assistance or aftercare planning as a result of hospitalization, you signing this allows the Counseling Center Case Manager permission to communicate with other parties our about your condition and possible recommendations for further treatment.

PLEASE TURN OVER

6. Finally, here are a few other points:

- a. Therapy sessions are regularly recorded with your permission (refer to Consent to Treatment Form).
- b. We will not share information about treatment with anyone else outside of the counseling center without a release of records form.
- c. Any information that you also share outside of therapy, willingly and publicly, will not be considered protected or confidential.

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

Signature of client

Date

Printed Name

Signature of therapist

Date