

# Confidentiality Statement

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As a rule, I will not disclose information about you, or the fact that you are my patient, without your written consent. Therefore, I will require your permission in advance, either through your written consent at the onset of our relationship or through your written authorization at the time the need for disclosure arises. You may revoke your permission, in writing, at any time, by contacting me.

In general, the privacy of all communications between a patient and a psychologist is protected by law, and I can only release information about our work to others with your written permission. But there are a few exceptions, which include, but are not limited to the following:

## **Emergency**

If you are involved in a life-threatening emergency and I cannot ask your permission, I will share pertinent information if I believe you would have wanted me to do so, or if I believe it will be helpful to you.

## **Child Abuse Reporting**

There are some situations in which I am legally obligated to take action to protect others from harm, even if I have to reveal some information about a patient's treatment. For example, if I believe that a child is being abused, I am required by Pennsylvania law to report the matter immediately to the Pennsylvania Department of Public Welfare.

## **Court Proceedings**

In most legal proceedings, you have the right to prevent me from providing any information about your treatment. In some proceedings involving child custody and those in which your emotional condition is an important issue, a judge may order my testimony if he/she determines that the issues demand it. If I receive a subpoena for records or testimony, I will notify you so you can take appropriate legal action. Protections of privilege may not apply if I do an evaluation for a third party or where the evaluation is court-ordered. You will be informed in advance if this is the case.

## **Serious Threat to Health or Safety**

If I believe that you are threatening serious bodily harm to an identified or identifiable person, and I believe you have intent and imminent ability to carry out this threat, I am required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization. If you threaten to harm yourself, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection.

**Consultation**

I may occasionally find it helpful to consult other professionals about a case. During a consultation, I make every effort to avoid revealing the identity of my patient. The consultant is also legally bound to keep the information confidential.

While this written summary of exceptions to confidentiality should prove helpful in informing you about potential issues, it is important that we discuss any questions or concerns you may have now or at any time in the future. I will be happy to discuss these issues with you if you need specific advice, but formal legal advice may be needed because the laws governing confidentiality are quite complex, and I am not an attorney. If you request, I will provide you with relevant portions or summaries of the state laws regarding these issues.

By signing below, you are indicating that you have been informed about these policies and have been given the opportunity to ask questions about them, that you understand them, and that you consent to accept them as a condition of receiving therapy services.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Patient or Personal Representative

\_\_\_\_\_  
Date

Description of Personal Representative's Authority:

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