

Confidentiality

You have privileged communication with John Sickler, LCSW under the laws of the State of Oregon. This means that with a few exceptions, anything discussed in treatment, any information obtained about you from any source, and even the fact that you are a client, is confidential and can only be disclosed to others with your signed consent. Exceptions to this privilege include:

- If I suspect a child, a developmentally disabled adult or an elderly person is being physically, emotionally, financially or sexually abused or neglected, I am mandated to report this to the appropriate authorities. I am even required to report consensual sex if a minor is having sex with someone at least three years older according to Oregon law.
- If you appear an imminent danger to yourself or another person, I am required to take any steps realistically possible to protect you and/or another person from being threatened. This could include calling people who know you or the police.
- Under court order, mental health records may have to be disclosed to the court although I would seek your consent and protect your confidentiality to the extent possible.
- In the event that an unpaid bill is referred to a collection agency, your name, payment record and last known address will be given to that agency.
- If an insurance company is paying for services and requires information about diagnoses, identifying information and progress reports for payment, this information will be given.
- I utilize the services of a biller who submits basic identifying information, your diagnostic code and dates of service to Insurers. She may contact you directly if there are any problems she may need your help to resolve with your insurance company.

It is also important for teenagers to trust that what they say will be kept confidential. I will consistently notify parents if their minor child presents an imminent risk of harm to themselves or another person; however, not all information disclosed to me will otherwise be shared with the parent. As much as possible, I will encourage minor clients to increase communication with their parents and facilitate opportunities for this to happen.

In my ongoing training and supervision by professional mentors, I may seek consultation regarding my work with you. If your treatment were to be discussed, it would be without using your name or specific identifying information unless I first acquire your written consent.

It may be necessary to contact you by phone or mail regarding billing or appointment changes. Please initial if the following means of contacting you are ok.

_____ It is OK with me for information regarding my appointment scheduling to be left on my voice mail or given to persons answering the following phone numbers:

_____ It is OK with me to receive billing and appointment information in the mail if necessary.

_____ I understand that most email is sent open and without encryption; therefore, the confidentiality of the content of any email sent between myself and John Sickler, LCSW would be initiated by me and sent at my own risk. I also understand that is true for any response he sends me.

Signed _____

Date _____

Witness _____

Date _____