

**Ann Palik, MA, MFT**  
Marriage and Family Therapist, Lic. #33337  
3820 Del Amo Boulevard, Suite 301  
Torrance, CA 90503  
(310) 538-3512

### **LIMITS OF CONFIDENTIALITY**

All of your communications with me are covered by the laws of confidentiality in the State of California except in the following circumstances:

1. If you intend to harm another person, I am legally required to warn the authorities and the person you intend to harm and/or his/her family.
2. If you pose a life-threatening danger to yourself, I have an ethical duty to take action to protect you, which may include warning the authorities and/or your family members.
3. If you disclose that you or someone you know has been, or is, involved in child abuse, elder abuse, or abuse of a disabled person (between the ages of 18 and 64), I am legally required to make a report to the appropriate authorities.
4. If your therapy costs are covered or partially covered by insurance, the insurance company will require, at a minimum, a diagnosis and the dates of service. Many insurance companies also require a written progress report and treatment plan. When you sign your insurance claim form, you are waiving your right to confidentiality and granting them access to your records.
5. If you become involved in legal matters that involve issues of your medical or mental health, you may be giving up some of your rights to confidentiality. In such a case, your medical records (which include mental health/therapy records) may be subpoenaed. Questions regarding the limits of confidentiality under those circumstances should be discussed with your attorney.

I have read and understand the limits of confidentiality as described above, and I agree that my therapy will be conducted within these safeguards and exceptions.

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Patient Name (please print)

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Signature of Patient (or authorized representative)

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Date