

SCRIPPS RANCH CENTER FOR BEHAVIORAL HEALTH

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CONFIDENTIALITY

My clients are assured of confidentiality. Only a Release of Information form signed by the client may authorize me to discuss any information with other individuals. The client may revoke this authorization anytime. There are, however, important exceptions that are legally mandated:

1. The law requires that I notify others if I have reasonable cause to believe that a client is a danger to others and disclosure is necessary to prevent the threatened danger.
2. I am also obligated by law to report any suspected child or elder abuse, neglect or molestation, or any other crime against a minor under the age of 18, to protect the children or elders involved.
3. If I assess a client to be a danger to self, or unable to take care of himself, or herself, I am mandated to notify the appropriate authorities.
4. Some legal actions initiated by the patient or the patient's estate may result in the court ordering of the release of records. I never release any records without prior discussion with the client regarding the specific information to be released.

My signature indicates that I have received a copy of the above material, have read it and agree to abide by its terms. I understand that I may question this or any other therapeutic procedure at any time.

Signature _____

Date: _____

(or parent if minor is under 18)

Signature of Client _____

Date: _____