



Dr. Glenn E. Johnson - Confidentiality Agreement

Doctor of Clinical Religious Counseling; Counseling Session Confidentiality

The client-doctor relationship is a discreet and honorable one that must be protected at all costs. Doctor Johnson adheres to the current standards of privacy as outlined by HIPAA (The Health Insurance Portability and Accountability Act of 1996).

Dr. Glenn E. Johnson, DCRC keeps any and all patient information confidential. I believe that all patient cases and concerns are never discussed or disclosed to any parties and this information is considered private therefore, I will never share any of your details without your consent.

The exception to the aforementioned would be to a Medical Facility in the event of a Medical Emergency and/or Law Enforcement to aid in a Law Enforcement Matter involving the Client listed hereto.

Clients have a right to disclose their Counseling Information with whomever they so choose. I will not discuss your Counseling Session with any other person unless the Client provides written consent. Clients who are minors or patients with a legal representative are exempt from this requirement.

Limits to this Agreement

1. In some legal proceedings a judge may issue a court order. This would require this counselor to testify in court.
2. If I learn of or believe that there is physical or sexual abuse or neglect of any person under 18 years of age, I must report this information to county child protection services.
3. If I learn of or believe that an elderly person, or disabled person is being abused or neglected, I must file a report with the appropriate Local, County, or State Agency that handles elder abuse.
4. If I learn of or believe that you are threatening serious harm to another person, I am obligated to report this. This can be in the form of telling the person who you have threatened, contacting the police or placing you into hospitalization.
5. If there is evidence that you are a danger to yourself and I believe that you are likely to kill yourself unless protective measure are taken, I may be obligated to seek hospitalization for you or to contact family members or others who can help provide protection

6. There may be times when I consult with outside sources about cases. In these cases, no personally identifiable information will be used to discuss this case. However, discussion topics will be used in order to ensure that I am getting and giving the best assistance possible. The persons with whom I discuss cases are legally bound to keep information confidential.

All Clients who are minors are required to be accompanied by an Adult or Legal Guardian.

I understand that this is a formal, legal agreement and if either party should violate this Agreement, Legal action may be taken.

Client Name: (Please print): _____ Client Signature _____

Client or Guardian Signature _____ Date _____

Dr. Johnson (Please print): _____

Dr. Johnson Signature _____ Date _____