

CONFIDENTIALITY STATEMENT

Susan Lessley, MA, LMFT
Licensed Associate Marriage and Family Therapist

Under the rules governing Marriage and Family Therapists in the state of Minnesota, a therapist, and employees and professional associates of the therapist, must not disclose any private information that the therapist, employee, or associate may have acquired in rendering services except as follows.

- When the Board of Marriage and Family Therapy is reviewing a therapist. The Board shall be allowed access to records of a client treated by a therapist under review if the client signs a written consent permitting access. If no consent form has been signed, the hospital, clinic, or licensee shall first delete data in the record that identifies the client before providing it to the board.
- When disclosure is required by state law like prenatal exposure to drugs and alcohol, reports of child abuse and neglect and vulnerable adults abuse and neglect.
- When failure to disclose the information presents a clear and present danger to the health or safety of an individual.
- When the person, employee, or associate is a defendant in a civil, criminal, or disciplinary action arising from the therapy.
- When the patient is a defendant in a criminal proceeding and the use of the privilege would violate the defendant's right to a compulsory process or the right to present testimony and witnesses in that person's behalf.
- When a patient agrees to a waiver of the privilege accorded by this section, and in circumstances where more than one person in a family is receiving therapy, each such family member agrees to the waiver. Absent a waiver from each family member, a marital and family therapist cannot disclose information received by a family member.
- Communication via cellular telephone or electronic mail is not guaranteed to be confidential. I understand this and discuss my personal information at my own risk.

All other private information must be disclosed only with the informed consent of the client.

My signature below means I have reviewed and understand the points above, as well as received a copy of this form.

Client Signature _____ Date _____

Client Signature _____ Date _____