



Abundant Life Counseling St. Louis LLC

### **Confidentiality Agreement**

As a client of Abundant Life Counseling St. Louis, LLC, it is your right to have the content of your therapy sessions held in confidence with these exceptions in which I am mandated by law to report:

- 1) if you sign a release form for me to divulge any or all information,
- 2) if you intend suicide, or if you intend to do serious physical harm to yourself,
- 3) if you intend homicide,
- 4) if a child, elderly person, or disabled person is being abused or has been abused,
- 5) in the case of exploitation by a mental health professional, or
- 6) if I am subpoenaed by a court of law.

In some cases, the Missouri courts have held that if an individual intends to take harmful or dangerous action against another individual, it is the counselor's duty to warn the person and/or the family of the person who is likely to suffer the results of harmful behavior.

Every effort will be made to resolve these issues before such a violation of confidentiality takes place. Every effort will be made to prevent an attempted suicide or danger action against another person.

#### *Professional Consultation*

In following ethical and professional standards, occasionally therapists consult with other professionals to gain other perspectives and ideas on how to best serve you. Unless you have signed a release, no identifying information is shared during these consultations.

I have read and agreed to the above policies, procedures, and statements.

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Signature of Client

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Printed Name of Client

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Therapist Signature

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Date

*Contact*

In the event of any medical or life-threatening emergency, I grant permission for Abundant Life Counseling St. Louis, LLC to contact the following person(s):

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Name

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Phone Number

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Name

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Phone Number

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Client Signature

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Date

**Please INITIAL each statement to which you consent:**

\_\_\_\_\_ I grant permission for information (billing, events, and other information) to be sent to my home address.

\_\_\_\_\_ I grant permission for my therapist to contact me at my home phone number.

\_\_\_\_\_ I grant permission for my therapist to contact me at my cell phone number.

\_\_\_\_\_ I grant permission for my therapist to contact me at my business phone number.

I grant permission for my therapist to leave a message for me at my **(please initial)**:

\_\_\_\_\_ home phone

\_\_\_\_\_ cell phone

\_\_\_\_\_ business phone

\_\_\_\_\_ I grant permission for Abundant Life Counseling St. Louis, LLC to thank the person who referred me.

**I recognize that text messaging via phone, email and other forms of Internet communication are not a secure/confidential means to transmit data. By initialing any statement below pertaining to text or Internet communication, I voluntarily waive my rights provided by the HIPPA law, and any other federal or state laws regarding confidentiality and the transmission of information via the Internet. I voluntarily give my permission and will not hold Abundant Life Counseling St. Louis, LLC and/or my therapist, Julie Williamson, LPC, NCC, RPT, legally responsible for the transmission of this data. I also understand that Julie Williamson, LPC, NCC, RPT does not provide therapy via email, and that emails may not be responded to if Julie Williamson, LPC, NCC, RPT believes the content is better addressed in a therapy session. Email inquiries about services, fees, scheduling, etc. will be answered within one business day.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I grant permission to send and receive communication from my therapist at my email address.