

Oasis Counseling International
Confidentiality Statement
(Your Rights to Privacy and Exceptions of Privacy)

Our work with each client who comes to Oasis is confidential. Clients include adults who see help on their own, parents, legal guardian(s) who bring their child(ren) in for treatment, adolescents who seek counseling independently and are the age of majority, and/or children who are brought in by caregivers/guardians. Information a client shares with their therapist is private, but there are necessary exceptions to privacy and these are explained below.

Your clinical file contains pertinent treatment information and is safeguarded by Oasis. The information within it will not be revealed to anyone without your express permission, except as listed below. Similarly, we will not seek or receive information from other agencies or services without first receiving your permission. However, in order to provide you with the best possible treatment, there may be times when we will ask for your permission to exchange information with others. In the course of the intake you will probably be asked if there are such people, and it will be discussed why it may be important to contact them, and what information will be requested and/or shared. It is then up to you to decide whether to give your permission by signing a "Release of Information" form.

Oasis receives funding from a variety of sources in order to provide mental health services to children, youth, and families. Demographic information concerning you and/or your family may be provided to HHS, Medicaid, Magellan, etc. in keeping with contract requirements. When you sign the "Right to Counsel" from you give us permission to send information about you to the organizations listed above. Oasis is also required to participate in periodic audits during which representatives follow strict standards of confidentiality.

The following is a list of several important EXCEPTIONS to confidentiality. We want to make sure that you are aware of these exceptions and understand them before beginning treatment with us.

EXCEPTIONS

- *If we learn or suspect that a child is a victim of physical, sexual, mental, or emotional abuse or neglect, the policy of Oasis requires therapists to report to the Child Protective Services or the police. In these instances we encourage the therapist to work with the family, and if possible have family members make the report themselves.
- *If someone with whom we are working informs us about a specific intent to harm himself/herself, we reserve the right to inform other family members, and/or make appropriate referrals if necessary.
- *If we learn that someone with whom we are working intends to commit an act of violence that places others at risk, we may step into protect the intended victim against such danger, and/or inform the police.
- *If information from your records is subpoenaed, we will attempt to contact you about the subpoena. If you oppose release of the information, a court may nevertheless require that we comply with the subpoena.
- *A non-custodial parent who wants to learn about their child's treatment may have the right to review the treatment records of their child, and/or discuss the child with his/her therapist.
- *Your therapist may discuss aspects of your evaluation or treatment with his/her supervisor Dr. Dennis Temple or Dr. Mark Stortvedt, therapist or Treatment Team as needed to assure quality care. In some instances, it may be helpful for Dr. Temple to review an audio or videotape of your treatment. If this occurs, your prior permission to tape your treatment will be obtained.
- *If a client commits a crime against Oasis property or staff, their name may be disclosed to the police in making a report.
- *The rights and exceptions to privacy are ethically applicable to information disclosed in group therapy formats, but while all group members are encouraged to keep such information confidential Oasis through the Nebraska Department of Health and Human Services, the courts, etc. we may be required to share information regarding your treatment/progress with them.

I/WE HAVE READ THIS "CONFIDENTIALITY STATEMENT" FORM, AND HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS ABOUT IT. I/WE KNOW AND FULLY UNDERSTAND ITS CONTENTS, EXECUTE IT FREELY, AND HAVE BEEN GIVEN A COPY FOR MY/OUR RECORDS.

Signature

Date

Signature

Date

Witness

Date