



STATERA

Integrated Health & Wellness Solutions

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Informed Consent Regarding Limitations on Confidential Communications for Mental Health Providers

I understand that information about my treatment and communications with my therapist may not be released without my written authorization. However, these communications or this information may have to be revealed without my permission, as explained below:

1. If necessary for protect my safety or the safety of others.
 - (a) If I am clearly dangerous to myself my therapist may take steps to seek involuntary hospitalization and may also contact members of my family or others.
 - (b) If I threaten to kill or seriously hurt someone and the therapist believes I may carry out my threat, or if the therapist believes I will attempt to kill or seriously hurt someone, my therapist may:
 - tell any reasonably identified victim;
 - notify the police; or
 - arrange for me to be hospitalized
2. If necessary for me to be hospitalized for psychiatric care.
3. If the therapist believes a child, a disabled person, or an elderly person in my care is suffering abuse or neglect.
4. In a legal proceeding where I introduce my mental or emotional condition.
5. If I bring an action against the therapist and disclosure is necessary or relevant to a defense.
6. If necessary to use a collection agency or other process to collect amounts I owe for services.
7. If a court orders access to my records in a sexual assault or other criminal case.
8. Insurance companies and other third-party payers are given information that they request regarding services to clients. Information that may be requested includes, but is not limited to: types of service, dates/times of service, diagnosis, treatment plan, description of impairment, progress of therapy, case notes, and summaries.

I additionally authorize my therapist to consult professional colleagues if needed to enhance the clinical services I receive.

I have had the opportunity to discuss this informed consent statement with my therapist. I understand its meaning and consent to receiving services based on this understanding.

Client or Guardian Signature: _____

Date: _____

