## Family Enrichment LLC 5230 Hickory Park Drive, Suite A, Glen Allen, VA 23059 Phone: (804)572-4000

## Confidentiality

All Family Enrichment LLC client records are confidential and are kept in a locked file cabinet in the office at 5230 Hickory Park Drive, Suite A, Glen Allen, VA 23059.

All employees of Family Enrichment LLC will sign this policy and have access to the records.

All reports from other agencies are considered property of that agency and are not released without written permission from the agency in question and the parents (if applicable). Parents and guardians agree to disclose and share information with all of Family Enrichment mental health professionals.

Clients will review their treatment plans regularly with their assigned therapist.

Therapist notes and records are accessible to staff of Family Enrichment, LLC. For anyone else who requests information, a release of information signed by the client and parent (if applicable) must be on file.

Information in a client's record is strictly confidential, therefore any request, duplication of information, access to, or the dissemination of any information is strictly prohibited unless permission is granted from the proper authorities and the Executive Director.

Anything discussed with staff from Family Enrichment, LLC. is confidential. Information can only be obtained with written consent. Limits of confidentiality are listed below.

A signed copy of this policy will be kept in each employee's personnel file and client's file.

## Limits on Client Confidentiality

We at Family Enrichment, LLC. are required to disclose confidential information if any of the following conditions exist within the family:

- 1. You are a danger to yourself or others.
- 2. You are under the age of 18 and the victim of a crime.
- 3. You are a minor and your Therapist reasonably suspects you are the victim of child abuse or neglect. Any suspicion of child abuse or neglect must be reported to Child Protective Services.
- 4. You file suit against your Therapist for breach of duty.
- 5. Your insurance company paying for services requests to review records.
- 6. Information is subpoenaed by a court official.

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

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Witness Signature:

Date:

Date: \_\_\_\_