



Dr. Jorge J. Asturias, PsyD, Inc.  
A Professional Psychology Corporation

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## LIMITS OF CONFIDENTIALITY

Contents of all therapy sessions are considered to be **confidential**. Both verbal information and written records about a client cannot be shared with another party without the written consent of the client or the client's legal guardian.

**There are a number of noted exceptions to this rule:**

### **Duty to Warn and Protect**

When a client discloses intentions or a plan to harm another person(s), the Mental Health Professional is required to warn the intended victim and to report this information to legal authorities.

In cases in which the client discloses or implies a plan for suicide, the Mental Health Professional is required to notify legal authorities, to hospitalize the client, and/or to make reasonable attempts to notify the family of the client.

### **Abuse of Children and/or Vulnerable Adults**

If a client states or suggests that he or she is abusing a child or vulnerable adult, or has recently abused a child or vulnerable adult, or a child or vulnerable adult is in danger of abuse (by the client or anyone else), the Mental Health Professional is required to report the information to the appropriate social service and/or legal authorities.

### **Prenatal Exposure to Controlled Substances**

Mental Health Professionals are required to report admitted prenatal exposure to controlled substances that are potentially harmful to the unborn.

### **Minors and Guardianship**

Parents or Legal Guardians of non-emancipated minor clients are given information that they request regarding the services provided to the minor client.

## Health Insurance Companies

When applicable, Insurance Companies and other third-party payers are given information that they request regarding rendered or required services to the client for pre-approval, on-going approval, payment, and in some instances, case reviews. The typical information sought by Insurance Companies and released by Mental Health Professionals includes, but is not limited to, type of services, dates and duration of services, treatment plans, diagnosis, referrals, progress, case notes, summaries, and so on.

I have read, understood and agree with this document and the information provided therein.

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Name of Client or Parent

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Name of Minor

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Signature of Client or Authorized Parent/Guardian/Adult

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Date

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