

# CompassionWorks

Jordan Shafer, MS, LPC

(972) 342 2448

(972) 527 9563 (fax)

## Statement of Confidentiality

Confidentiality is defined as keeping private the information shared by you, the client, with this office. As a client you have the right to withhold or release information to other individuals or agencies; however, a statement signed by you is required before any information may be released by this office. This right applies with the following exceptions:

1. When a court of law subpoenas information shared by you with your counselor;
2. Mental Health Professionals shall report if required by any of the following laws:
  - The Family Code, Chapter 34, concerning abuse or neglect of minors;
  - The Human Resources Code, Chapter 48, concerning abuse, neglect or exploitation of elderly or disabled persons;
  - The Health and Safety Code, Chapter 161, concerning sexual exploitation by a mental health provider;
  - Health and Safety Code, Chapter 611.004, concerning the probability of imminent physical injury by the client to the client or others or there is a probability of immediate mental or emotional injury to the client.

When it is at all possible, you will be informed of the need to share information.

## Consent for Treatment

I voluntarily agree to receive evaluation/mental health treatment, evaluation/chemical dependency treatment, and/or evaluation/training-coaching-educational services for developmental disorders by Jordan Shafer, MS, LPC. I understand that I may discontinue treatment and/or discontinue treatment and/or withdraw my consent for treatment at any time.

***I agree to the above limits of confidentiality and understand their meanings and ramifications. I also agree to enter into counseling services with Jordan Shafer.***

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Signature of Client

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Date