

Patient Confidentiality

Dear Patient:

New Hope Recovery and Behavioral Health Services provides confidential counseling services, governed by State and Federal laws regarding mental health and substance abuse confidentiality. Your privacy is of utmost importance to us, and we ensure that no information will be disclosed without your written consent, except in specific circumstances detailed below.

Exceptions to confidentiality include:

- Cases of reported or suspected abuse/neglect of children or the elderly
- Instances of potential harm to yourself or others
- Medical emergencies where disclosure is necessary for your safety
- Court requests for records, where legally mandated

Additionally, if you choose to use insurance, limited information will be shared with your insurance provider. It is vital to note that you are responsible for protecting the confidentiality of other patients. Sharing information about other patients outside of group therapy sessions is strictly prohibited and may result in termination from the program.

By signing below, you acknowledge these terms and understand that while New Hope Recovery and Behavioral Health Services strives to protect your confidentiality, there are legally mandated exceptions. Please sign and date this form to indicate your agreement and understanding.

Patient Name: _____ Patient Signature: _____
Date: _____

[New Hope Recovery and Behavioral Health Services contact information]

Thank you.