

Kelley Butler, LCSW
Licensed Clinical Social Worker
License # 19697
2277 Townsgate Rd. Suite 102
Westlake Village, CA 91361

INFORMED CONSENT

In most situations, a therapist can only release information about your treatment to others if you sign a written Authorization form that meets certain legal requirements imposed by state law and/or HIPAA. But, there are some situations where Kelley Butler, LCSW is permitted or required to disclose information without either your consent or Authorization. These situations are:

- If I have knowledge of a child under 18, or reasonable suspicion that a child under 18 that I have observed has been the victim of child abuse or neglect, the law requires that I file a report with the appropriate governmental agency, usually the county welfare department. Additionally, I may make a report if there is reasonable suspicion that mental suffering has been inflicted upon a child or that his/her emotional well being is endangered in any other way (other than physical or sexual abuse, or neglect). Once such a report is filed, I may be required to provide additional information.
- If I observe or have knowledge of an incident that reasonably appears to be physical abuse, abandonment, abduction, isolation, financial abuse or neglect of an elder or dependent adult, or if an elder or dependent adult credibly reports that he/she has experienced behavior including an act or omission constituting physical abuse, abandonment, abduction, isolation, financial abuse, or neglect, or reasonably suspects that abuse, the law requires that we report to the appropriate government agency. Once such a report is filed, I may be required to provide additional information.
- If a client or a client's family member communicate that the client poses a serious threat of physical violence against an identifiable victim, I must take protective actions, including notifying the potential victim and contacting the police. I may also seek higher level of care including hospitalization of the client.
- If I have reasonable cause to believe that the client is in such mental or emotional condition as to be dangerous to him or herself, I may be obligated to take protective action, including seeking hospitalization and/or contacting the police for assistance.
- I may also utilize outside consultants; in that case I will refrain from disclosing your information to protect your privacy. If I cannot avoid such disclosure, I will ask for your written authorization.
- Disclosures required by health insurers or to collect overdue fees are discussed elsewhere in your therapist-client services agreement.
- If you are involved in a court proceeding and a request is made for information about the professional services that I have provided you and/or the records thereof, such information is considered privileged information by law. I cannot provide any information without your (or your legally-appointed representative's) written authorization, a court order, or compulsory process (a subpoena) or discovery request from another party to the court proceeding where that party has given you proper notice (when required) has stated valid legal grounds for obtaining PHI, and I do not have grounds for objecting under state law (or you have instructed me not to object). If you are involved in or contemplating litigation, you should consult with your attorney to determine whether a court would be likely to order me to disclose information.

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- If a client files a complaint or lawsuit against me, I may disclose relevant information regarding that client in order to defend myself.
- If a client files a worker's compensation claim involving their mental health, I must, upon appropriate request, disclose information relevant to the claimant's condition, to the client's employer.

If such a situation arises, I will make every effort to fully discuss it with you before taking any action and will limit any disclosure to what is necessary.

I understand the limits of confidentiality and my rights to treatment explained above. In addition, I understand that treatment is voluntary, and that I have the right to refuse treatment and be informed of my options regarding various treatment modalities, continued care, and community resources.

My signature below indicates my understanding and agreement with above statements and limits to confidentiality.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____