ROCK™
REACH OUT CENTRE FOR KIDS

Danielle's Place

DANIELLE'S PLACE
CONFIDENTIALITY STATEMENT

Client Name: _____ **Date of Birth:** _____/_____/_____
YR MO DY

The information that you share during your involvement with Danielle's Place will remain private and confidential. However, there are some **limitations to confidentiality**, which may occur under the following circumstances:

- Should I have concern that a child has been or is at risk of being abused, either physically or sexually, emotionally maltreated, or neglected (including a failure or inability of caregivers to follow through on services necessary to alleviate significant emotional or developmental difficulties), I am legally required to contact the Children's Aid Society.

- Should I have concern that someone is at risk for suicide or seriously threatens the safety of others, I have an ethical obligation, and legal permission, to disclose information to those who would help ensure safety (e.g., police).

- You are in danger of hurting yourself or others.

- Your child or the child under your guardianship may be in danger of hurting him/herself or others.

- Should reports of our work be subpoenaed by a court of law, I am legally required to release the records to the court.

- Should you advise me about sexual abuse or harassment by a healthcare provider, who is a member of a regulated profession (e.g., physician, occupational therapist, psychologist), I would be legally required to report that healthcare provider's name to his/her College, although I will not reveal your name unless I receive written permission from you.

_____ _____
Client Signature Date