**Susan E. Folwell, LCSW**

**Psychotherapist**

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**CONFIDENTIALITY STATEMENT/CONSENT TO TREATMENT**

**Your confidentiality, privacy and ability to speak freely with me in sessions is of paramount importance. As a general rule, I will disclose no information obtained from your contacts with me, or the fact that you are my client, except with your written consent. However, there are some important exceptions to this confidentiality rule, as described below, or as otherwise specified by law.**

**1. I may provide information to others without your consent, in certain circumstances:**

a) HARM TO SELF: If I believe that you are at imminent risk for harming yourself or someone else, I will disclose information to the extent needed for insuring your safety of the safety of others.

b) VACATIONS/EMERGENCIES: When I am on vacation or away from the office for extended periods of time, a colleague may cover for my practice and take emergency calls. If s/he will need information in order to assist you in my absence, I will provide it without using your full name; you and I will discuss the plan first.

c)CONSULTATION: To ensure that I am providing quality care, I meet regularly with a peer consultation group. I do not reveal identifying information. I will provide the names of my peer consultants upon request.

2. **Virginia law requires the release information to others in certain circumstances**:

**a) Virginia therapists are required by law to report certain information**:

(1) Suspicion of abuse or neglect of a child or of an aged or incapacitated adult must be

Reported to the Department of Social Services

(2) Information that a Psychologist is engaging in unethical or illegal practice must be reported to the Board of Psychology.

(3) If you are licensed by a Health Regulatory Board, I am required to report that you are

receiving therapy *if I believe that your condition places the public at risk*.

b) Virginia law imposes upon therapists the legal duty to protect other members of society from

harmful actions by their clients. Voiced threat of intention to directly harm to another person can result in notification of the potential victim, law enforcement officers, and/or others as specified by legal statute.

c) In Virginia court cases, therapist-client privilege may not apply in certain cases, including the

following:

(1) Criminal cases

(2) Child abuse cases

(3) Any court case where your mental health is an issue, and/or

(4) Any case in which the judge “in the exercise of sound discretion, deems it necessary

to the proper administration of justice.” This means that information communicated to a

therapist can be admitted as evidence in a court case against your wishes if a judge so

rules. Others sometimes issue a subpoena seeking either treatment records or testimony

from your present or former therapist as evidence in a court case (including child custody

cases). If I receive such a subpoena, I will inform you immediately and, with your

consent, will cooperate with your attorney in filing motions to quash a subpoena and

requesting that the confidentiality of the therapy relationship be protected. However,

only the judge may decide whether or not the requested information may be

disclosed.

d) Virginia law allows certain others to request (or order) access to treatment records in specific

circumstances. These include:

(1) Protective Services Workers to whom I have reported suspicion of abuse or

neglect, if they so request;

(2) Court-Appointed Special Advocates in child abuse or neglect proceedings, if

the court so orders; and

(3) Evaluators for minors’ Involuntary commitment to inpatient treatment, if they

so request. In such cases, I will make every effort to attempt to limit the information

disclosed by substituting an oral or written report rather than submit actual treatment

records.

**DOCUMENTATION OF CLIENT AUTHORIZATION**

I understand that if I receive mental health services from Susan E. Folwell, LCSW, LICSW, LCSW-C the above limitations may be imposed on confidentiality. I hereby accept those limits of confidentiality and consent to receive services under those conditions.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­

(Parent if client is a minor)

Printed Name of Client: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_