



Limits of Confidentiality

Information discussed in the neuropsychological or psychological evaluation will be incorporated into the Neuropsychological (or Psychological) Evaluation report.

1. This report will be sent to the referring source and any other individuals/agencies identified on the Release of Information signed prior to the evaluation.
2. If the fee for this evaluation is being paid by an insurance company or other agency, it may be necessary to send a copy of the report to that agency to secure reimbursement.
3. The patient may request a report be sent to another person or agency at any time in the future by completing an additional Release of Information.
4. This report, and any other information discussed in the evaluation, is confidential, and it will not be shared without written permission except under the following conditions:
 - a) The patient threatens suicide.
 - b) The patient threatens harm to another person(s), including murder, assault, or other physical harm.
 - c) The patient reports suspected child abuse, including but not limited to, physical beatings, and sexual abuse.
 - d) The patient reports abuse of the elderly.

State law mandates that mental health professionals may need to report these situations to the appropriate persons or agencies. In addition, if the patient is involved in a legal action health records may be required to be released.

Communications between Dr. Jim Harris and the patient will otherwise be deemed confidential.

Having read and understood the above, I agree to the limits of confidentiality.

Printed Name of Patient (and Guardian, if applicable)

Date

Signature of Patient

Signature of Guardian (if applicable)