

Suzann Lawry, Ph.D.

Licensed Clinical Psychologist

Confidentiality Statement

What you say in therapy is considered privileged communication. This means information about you, including professional records that are required by the laws and standards of my profession, will be kept strictly confidential. There are, however, certain legally required exceptions to this, 1) you present a danger to yourself or others, I have a legal requirement to help keep you safe and a legal duty to warn potential victims, 2) you identify any known or suspected abuse of a child, elder, or disabled person, and 3) I can be required to do so by a judge in a court of law. I would first assert legal privilege and refuse to provide your personal health record to a court. In addition, 4) by agreeing to use insurance for reimbursement, you are waiving your confidentiality as they can request information that is necessary for them to pay the claim, for example, your diagnosis and your progress. If your insurance company is requesting information, I will inform you about this and you will decide whether to provide the information your insurance company has requested. If you decide against providing the information they request, it could impact their reimbursement. Further information regarding the protection of your confidentiality is found in the HIPPA compliance form included in these forms.

NOTE FOR COUPLES: While confidentiality relates to outsiders, I **do not keep secrets** between partners. This is to both to prevent either of you from feeling “betrayed” or “sided-with” by me as well as to enable me to offer my best therapeutic work to you, the couple. This is usually avoided by seeing both people at the same time. However, there may be occasions where one of you might have a planned individual session for a particular therapeutic reason, or even a phone message, over the course of our work together. If such an even occurs, it is important that all information is brought back to the couple to enrich the work as well as keeping it honest.

I understand the limits of confidentiality and Dr. Lawry’s policy of no secrets between partners.

Signature of Client(s)

Suzann Lawry, Ph.D.

Date _____

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