Michael DiBiasie, Ph.D. 101 A Wind Haven Drive Nicholasville, KY 40356

Limitations on Client Confidentiality

This practitioner is required by law to disclose confidential information if ANY of the following conditions exist:

- You are a danger to yourself or others.
- You seek treatment in order to avoid detection or apprehension or enable anyone to commit a crime.
- Your therapist was appointed by the courts to evaluate you.
- Your contact with your therapist is for the purpose of determining sanity in a criminal proceeding.
- Your contact is for the purpose of establishing competence.
- The contact is one in which your therapist must file a report to a public employer or as to information required to be recorded in a public office, if such report is open to public inspection.
- You are under the age of 18 years and are the victim of a crime.
- You are under the age of 18 years and your therapist reasonably suspects you are the victim of child abuse. Your therapist may also disclose information if you are the victim of emotional abuse.
- You die and the communication is important to decide an issue concerning a deed or conveyance will or other writing executed by you affecting an interest in property.
- You file suit against your therapist for breach of duty or your therapist files suit against you.
- You have filed suit against anyone and have claimed mental/emotional damages as part
 of the suit.

•	You waive rights to privilege or given consent to limited disclosure by your therapist.

•	Your insurance company	naving for serv	ices has the r	right to review	all records
•	Tour mourance company	paying for serv	vices mas tine i	Igni to review	an records.

If you or your child is or becomes a party to a custodial action in Kentucky, it IS VERY
${\it LIKELY\ that\ relevant\ confidential\ information\ may\ be\ disclosed\ in\ legal\ proceedings.}$

If you have any questions or concerns on the limits of confidentiality, please discuss them with your therapist.

I am consenting to my (my dependent) receiving outpatient evaluati psychotherapy services.			
Printed name	date		

Signature