

Pamela Salaam, LCSW
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Kingwood, Texas 77339
Phone (832) 330-2567 phone, Fax (281) 312-HELP

CONFIDENTIALITY POLICY

Pamela Salaam, LCSW recognizes the importance of confidentiality of client communications in the therapeutic process, and all information obtained confidentially will be treated as such in accordance with legal and professional standards. I understand that Pamela Salaam, LCSW may communicate confidential information when permitted or required by law. Certain exceptions to confidentiality do exist, and some of those exceptions include:

- If a client makes threats of harm to self or others
- If there is a need to report child or elder abuse
- In connection to third-party billing efforts
- In conjunction with legal proceedings, including licensing complaints
- When required by the Code of Ethics for professional associations to which Pamela Salaam, LCSW belongs
- Or in any circumstance, when, Pamela Salaam, LCSW, in her professional judgment deems it necessary

I also authorize Pamela Salaam, LCSW to release information, which, in her opinion, is reasonably necessary to protect herself and/or others from risk of death or serious harm, including information regarding any sexually transmitted disease. Said information may be released to whomever is necessary to afford protection to those at risk.

I understand that Pamela Salaam, LCSW may at some time be unavailable due to illness, disability or vacation. As such time, I authorize Pamela Salaam, LCSW to release information on an as-needed basis to her substitute or personal representative who is providing necessary or emergency coverage. The term "information" as used in this release means all information contained in written records and also information known by Pamela Salaam, LCSW, which may communicated verbally.

In addition to the **Policies and Practices to Protect the Privacy of Your Health Information**, it is also important that you are aware that occasionally it is to your benefit that Pamela Salaam, LCSW consult with other health and mental health professionals about a client. During a consultation, every effort is made to avoid revealing a client's identity. Any other professionals consulted are legally bound to keep the information confidential. The consultations are very commonplace and may not ordinarily be mentioned in our sessions unless it seems important to our work together. If you prefer to handle this differently, please discuss this with Pamela Salaam, LCSW.

By signing this release, I also give Pamela Salaam, LCSW permission to release information regarding me or any of my minor children who are in treatment with Pamela Salaam, LCSW as outlined in this statement, and acknowledges receipt of the **Policies and Practices to Protect the Privacy of Your Health Information**.

ACKNOWLEDGEMENT OF CONFIDENTIALITY POLICY CONSENT FOR TREATMENT

I give full consent for my participation or that of my minor child/ward _____ to participate in counseling/psychotherapy with Pamela Salaam, LCSW, until it is determined that treatment is no longer necessary or until I notify Pamela Salaam, LCSW of any changes to this plan. I certify that I have the legal right to seek and to authorize my own treatment or treatment for my minor child/ward.

CLIENT SIGNATURE (OR Signature of Guardian if client is a minor child)

Date