

**CONFIDENTIALITY/RELEASE OF INFORMATION**

Shari Stark recognizes the importance of confidentiality of client communications in the therapeutic and counseling process and agrees to treat information obtained confidentially in accordance with law and professional standards. I understand that confidentiality is not only an ethical concept, but also a legal concept and that certain exceptions to confidentiality exist.

I understand that Shari Stark may communicate confidential information when permitted or required by law. Some of the exceptions include reporting child or elder abuse, in response to legal process, in conjunction with legal proceedings including licensing complaints, in connection with billing efforts or in conjunction with treatment efforts for persons operating under his direction. I also authorize Shari Stark to disclose confidential information when required by the code of ethics for professional associations, to which she belongs; or in other circumstances, where release appears proper as viewed by Shari Stark using her best professional judgment. Client records are disposed of five years after the last session.

I also authorize the release of confidential information for the purpose of processing third party payor forms or when obtaining payment for third party payors, and I specifically authorize that information be released to:

\_\_\_\_\_

I authorize Shari Stark to release such information about me which, in her opinion, is reasonably necessary to protect others from risk of death or serious harm. Said information may be released to whomever is reasonably necessary to accomplish protection.

I further understand that it may be beneficial in the course of my therapy to release information to family members or others. I, therefore, specifically authorize the release of confidential information to the following:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

I understand that Shari Stark may, at times be unavailable due to illness, disability, or vacation. At such time, I authorize Shari Stark to release information to her substitute or personal representative.

The term "information", as used in this release, means all information contained in written records and also information known to Shari Stark, which may be communicated verbally. By signing this release, I also give Shari Stark permission to release information regarding my minor children.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Conservator's Signature if Client is a Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shari Stark, M.S., M.Ed., LPC-S, NCC

\_\_\_\_\_  
Date