



HOMETOWN PASTORAL COUNSELING GROUP PLC

LIMITS OF CONFIDENTIALITY

Client Name: _____

Date: _____

Information discussed in the counseling setting is held confidential and will not be shared without the written permission of the client except under the following conditions:

- The client threatens to harm self or another person
- The client reports the abuse of a child, a person who is elderly, or a person who is disabled
- The client reports sexual exploitation by a counselor, therapist, or other mental health professional
- Your counseling records may be subpoenaed by a state or federal court of law if legal action is taken against you

I agree to these limits of confidentiality.

_____/____/____
Client Signature Date

_____/____/____
Parent or Guardian Signature Date

_____/____/____
Pastoral Counselor Signature Date