Aparna Ramaswamy, PhD, LCPC-S, NCC, NBCCH, DCC

License # LC2220 (MD) # PRC14586 (DC), EIN: 47-1938963, NPI # 1124421789

Name: DOB:

Confidentiality Statement

Everything you tell me is strictly confidential. I will not disclose any information unless you give me written permission: however, the information you share with me may be disclosed without your written permission under the following circumstances.

- The court orders me to share the information about you
- You have a medical or psychological emergency, and a doctor or hospital needs information to treat you
- You present a potential danger to yourself and/or others, and I have to contact the police of the Crisis Center
- You threaten to seriously hurt someone. I have a legal duty to warn the person threatened.
- I think there may be child abuse or neglect, or abuse or neglect of an elderly person or vulnerable adult. By state law, I must report it.
- If you report you were abused as a child, according to state law, I must report it.

Additionally, adhering to the requirements of the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I may use and disclose information for purposes of treatment, payment and healthcare operations.

Please sign your name below to indicate that you have read and understood the **Confidentiality Statement.**

Signature: Date:

Therapist Signature: Date: