CONFIDENTIALITY STATEMENT

Information shared by you in a counseling session will be kept in strict confidence. The Accessibility Resource Center staff operates as a team in order to provide the best possible services to students. As professionals, we confer with each other within the agency. These consultations are for professional and/or training purposes only. Information will not be disclosed outside of the Accessibility Resource Center without your written permission, with the exception of the following:

● **Abuse of Children** If a staff member has reason to believe that a child under the age of 18 is being abused or neglected, she/he is legally obligated to report this situation to the appropriate state agency.

● **Imminent Harm to Self** If a staff member has reason to believe that you are in danger of physically harming yourself, and you are unwilling or unable to follow treatment recommendations, she/he may have to make an involuntary referral to a hospital/or contact a family member or another person who may be able to protect you.

● **Imminent Harm to Others** If a staff member has reason to believe that you are seriously threatening physical violence against another person, or if you have a history of physically violent behavior, she/he may be required to take some action (such as contacting the police, notifying the other person, seeking involuntary hospitalization, or some such combination of these actions) to insure that the other person is protected.

Please note: The exception to confidentiality is extremely rare. However, if it should occur, it is the Center's policy that, whenever possible, we will discuss with you any action that is being considered. Legally, we are not obligated to seek your permission, especially if such a discussion would prevent us from securing your safety, or the safety of others. If disclosure of confidential information does become necessary, we will release only the information necessary to protect your and/or another person's physical safety.

If you have any questions regarding the above information, please discuss them with your intake counselor.

I have read and understand this statement of confidentiality.

Signature Date