

CONFIDENTIALITY STATEMENT



256 Seaboard Lane Suite E 102, Franklin, Tn. 37067

Before we begin I need to inform you about SHARA SMILE LLC'S Confidentiality Policy. The confidentiality between Client and Therapist is a high priority and something we take very seriously. We understand that maintaining an environment that is safe is a necessary requirement for the therapeutic process to work effectively. Therefore, I will keep our conversations and the information you communicate to me confidential with the following exception:

EXCEPTIONS

1. If you report to me that you plan to hurt yourself (i.e. commit suicide) or someone else (i.e. commit homicide), I am legally required to report this to the proper authorities within the community. In this event, I will intervene to the extent necessary to keep you and any others who may be involved safe and will keep you informed about my actions, preferably engaged in the action plan.
2. If you report to me any current or planned instance of child or elder abuse, I am legally required to report this to the proper authorities within the community. Again, in this event, I will intervene to the extent necessary to keep you and any others who may be involved safe and will keep you informed about my actions.
3. If I am court ordered, I may be legally required to report information about our sessions. (Additional fees are required if I am submitting or reporting documentation, or appearing in court for a client)

Please acknowledge that you understand SHARA SMILE LLC'S Confidentiality Statement and the expectations by signing below.

Thank you,

Shara Carter,

M.A.Ed, LPC, NCC

Acknowledgement (name print/signature):

_____ Date: _____

(If Client is a minor)

Acknowledgement (name print/ signature):

_____ Date: _____