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Confidentiality Agreement

Contents of all therapy sessions are considered to be confidential. Both verbal information and written records cannot be shared with another party without your written consent.

Please note the following three exceptions:

1. If you disclose intentions or imply a plan for suicide, then I am required to make reasonable attempts to notify your family and legal authorities.
2. If you disclose intentions or a plan to harm another person, then I am required to warn the intended victim and report this information to legal authorities.
3. If you state or suggest that you are abusing a child (or vulnerable adult) or has recently abused a child (or vulnerable adult), or a child (or vulnerable adult) is in danger of abuse, I am required to report this information to the Department of Children & Families and legal authorities.

I agree to this confidentiality agreement and understand its' meanings and ramifications.

Client's Name

Client's Signature

Parent's Name (if client is a minor)

Parent's Signature

Date