

## Limited Waiver of Confidentiality

I \_\_\_\_\_ consent to allow Henry Anderson at Highest Heights Individual and Family Therapy to:

- contact the people/institutions listed below
- acknowledge my involvement in therapy to these people/institutions
- discuss with these people/institutions specific information revealed during therapy sessions
- discuss with these people/institutions any clinical opinions, diagnostic impressions, and treatment plans with regard to my participation in therapy

Person/institution: \_\_\_\_\_ Phone number: \_\_\_\_\_

Person/institution: \_\_\_\_\_ Phone number: \_\_\_\_\_

Person/institution: \_\_\_\_\_ Phone number: \_\_\_\_\_

Any and all exceptions that pertain to this waiver are explicitly and completely noted below:

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By signing below, I acknowledge that I

- understand the limited nature of this waiver of confidentiality
- have willingly completed this contract
- maintain the right to change or nullify any/all of the terms of this contract at any time

Client name (printed): \_\_\_\_\_

Client signature: \_\_\_\_\_

Date: \_\_\_\_\_

Therapist signature: \_\_\_\_\_

Date: \_\_\_\_\_