



Many Moons Psychotherapy Services, Inc.
an arts-based approach to emotional health

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Confidentiality Agreement

I, _____, parent/guardian of _____ understand that under certain circumstances, the confidentiality of my identity, personal information and participation in treatment may be compromised. I understand and accept that the following are situations in which this may happen:

1. The clinicians at Many Moons are Mandated Reporters. This means that they are required to contact outside sources, such as a family member, law enforcement, The Department of Health and Human Services or a member of the community to protect the safety of their clients and their families. The clinicians are required by law to break the confidentiality when a client reports a plan to cause significant harm to themselves or others or is in danger of being harmed by someone other than themselves.
2. Many Moons contracts with a bookkeeping company and payroll company to manage financial aspects of the business. At times, contractors have access to clinical files.
3. Many Moons uses computer and technical support services in which the technician may have access to clinical files.
4. In the event that the clinician is ill and unable to contact clients directly, a contracted professional colleague may contact clients to cancel an appointment. This covering clinician may have access to clinical files.
5. In the event of carrying a significant financial balance, Many Moons maintains the right to employ a collections agency to attempt to collect funds and have access to demographic information.

I am aware and accept that the clinicians will use their utmost care to disclose as little information as possible during these events. I understand that I can inquire about how my information is being shared at any time.

Client Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Clinician Signature: _____

Date: _____