**Door of Hope Counseling Center
MANDATORY REPORTING REQUIREMENTS**

Patient records are protected by law under federal law. At Door of Hope Counseling Center we keep our patient records in a locked record storage area. Your records will not be shared without your permission.

However, **therapists are required by law to report to authorities certain activities** that their patients report to them. Those activities include:

1. Any statements, suggestions or innuendoes that **the patient plans to hurt himself or herself**.

2. Any statements, suggestions or innuendoes that **the patient plans to hurt someone else**.

3. Any statements, suggestions or innuendoes that **the patient is being harmed.**

4. Suspected **child abuse or neglect**.

5. Suspected **abuse of the elderly** or other incapacitated adults.

6. The **threat of suicide or homicide**.

**You should be aware any statements you make
regarding any of the above situations
will need to be reported to authorities.**

**These reports could lead to
an investigation of your situation by authorities
and appropriate actions may be taken.**

In addition to these harmful situations, Door of Hope Counseling Center may also be **required to release your information** if:

1. It is needed by medical personnel in a **medical emergency**.

2. **Crimes** are committed on the [Name of Your Office] premises or against [Name of Your Office].

**I have read and understand the above information.**

Patient's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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