



*Joy Groves, MA, LPC, NCC  
Licensed Professional Counselor*

## **Confidentiality Policy:**

As a rule, I will disclose no information about you, or the fact that you are my client, without your written consent. There are some limitations to this confidentiality, based on the laws of the state of Virginia and the ethical requirements of my profession.

Limitations to Confidentiality:

- Child Abuse Reporting, I am required by Virginia law to report any suspicion of child abuse/neglect to the VA Department of Social Services, if it has not been previously reported.
- Adult Abuse Reporting: I am required by Virginia law to report any suspicion that an elderly or incapacitated adult is abused, neglected or exploited to the VA Department of Social Services.
- Health Oversight: By law, if you describe unprofessional conduct by another mental health provider of any profession, I am required to explain to you how to report their misconduct, and possibly to report them if they appear to be a danger to others. If you are yourself a health care provider, I am required by law to report to your licensing board that you are in treatment with me IF I believe your condition places the public at risk.
- Court Proceedings: If I receive a subpoena for records or testimony, I will notify you so you can file a motion to quash (block) the subpoena. I will release information that is specifically required by law.
- Serious Threat to Health or Safety: Under Virginia law, if you communicate to me a specific and immediate threat to cause serious bodily injury or death, and I believe you have the intent and ability to carry out that threat immediately or imminently, I am legally required to take steps to protect third parties. I may also use and disclose information when necessary to prevent an immediate, serious threat to your own health and safety. ·
- Records of Minors: Minors aged 13 and above participate in giving consent for their treatment and have confidentiality for many matters. Parents of minors do have the right to request their child's records.
- Emergency: If you are involved in in a life-threatening emergency and I cannot ask your permission, I will share necessary information

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

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