

**RESIDENT CONFIDENTIALITY RIGHTS:**

It has been explained to me that both verbal and written information about me is protected under federal confidentiality regulations (42 CFR Part 2). This information cannot be shared without my written consent, unless otherwise provided for in the regulations.

I also understand that there are limits to my confidentiality.

- If I report that I have intentions of harming another person, I understand that The Little Tree Project staff are required to warn the intended victim and report this information to Legal Authorities.
- If I say that I am going to commit suicide, I understand that The Little Tree Project staff are required to contact Legal Authorities, any assigned Therapist and attempt to notify my family.
- If I report that I am abusing a child, I understand that The Little Tree Project staff must report the information to the appropriate Social Service Agency and/or Legal Authorities.
- I understand that the Court has the right to Subpoena my records or The Little Tree Project staff to testify in Court.

I further understand that I have other rights under the Federal guidelines:

- I may review my file at any time in the company of the Program Director and/or Social Worker
- I may revoke this consent at any time except to the extent that action has taken place.

Case #: \_\_\_\_\_

Resident Name: (printed) \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_