

AL NAHDA
MULTICULTURAL
COUNSELLING

Date:

Limits of Confidentiality

I, _____, was informed of the limits of confidentiality,
which include:

- Imminent risk of harm to myself or another individual;
- A child under 16 years of age at risk of being abused or neglected;
- My clinical file being subpoenaed to court during my involvement in court proceedings;
- Sexual abuse by a registered health care professional

I understand that my personal health information will be disclosed within the limits set out above.

Client Signature: _____

Client D.O.B: _____

Clinician Signature: _____

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Witness Name: _____

Witness Signature: _____