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### **Confidentiality Agreement:**

Generally speaking, communications between a patient and mental health provider are confidential and may not be disclosed without your consent, or as otherwise provided by law.

There are exceptions to the general rule of confidentiality which would require that the mental health provider report his or her concerns without the consent of the patient. These occasions include, but are not limited to the following:

- Suspected child abuse or dependent adult abuse or elder abuse for which physicians are required by law to report to appropriate authorities immediately
- If a patient is threatening serious bodily harm to another person, physician is required by law to report to appropriate authorities immediately
- If a person intends to harm him/herself, the physician will make every effort to enlist their cooperation in insuring their safety. If they do not cooperate, the physician will take further actions, permitted by law, in order to ensure their safety.

In addition, if you make your mental health a point of litigation you implicitly waive the right to confidentiality and your physician/therapist may be compelled to release your records, give a deposition, and/or testify in court. Similarly, if you are involved in a suit affecting the parent-child relationship, your physician/therapist may be compelled to release your records, give a deposition and/or testify in court.

**Regarding minors**, children and adolescents seen in individual session are entitled to confidentiality, except under certain circumstances. However, parents have the right to view their child's treatment records. Therefore, it is helpful to work out an arrangement ahead of time so that the child feels their privacy is respected, while at the same time, parent have access to critical information. A typical arrangement is that unless a child has been abused or is a clear danger to self or others, the psychiatrist will only disclose the following (unless given consent by child):

- Whether sessions are attended
- Whether child is generally participating or not
- Whether progress is generally being made.

### **Acknowledgment by Patient**

I have read the preceding and understand my rights as a patient.

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Patient signature

Date



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I am willing to waive my right of access to communication between my child and their physician/therapist and grant the physician the discretion to determine when or if such communication should be shared with me.

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Parent's Signature

Date