



Let us help you put your life back together

Statement of Understanding

I hereby acknowledge that I have voluntarily sought counseling and understand that everything I share within the context of any sessions are confidential. I understand the exception to confidential information if that released through a signed Release of Information and the following exceptions per New Mexico state law:

- If at any time I am assessed to be a danger or risk to myself or others.
- If at any time I discuss/disclose the abuse or neglect of a child, not only in the state of New Mexico, but anywhere.
- If at any time I discuss/disclose the abuse or neglect of a vulnerable, elderly adult, not only in the state of New Mexico, but anywhere.
- Information needed to be released to the billing source that is paying for these services.
- Court order or documentation signed by a judge.

If any of the above conditions exist, I understand that you will follow protocol to the limit, extent, and requirement of the law.

I acknowledge that I have read and agree to all financial information and requirements as outlined previously.

Client Signature

Date

Therapist Signature

Date