



OLIVER OLWYN
LCSW-R, CSAT, SEP

(917) 623-7778

oliverolwyn007@gmail.com

INFORMED CONSENT AND DISCLOSURE STATEMENT

Practice Name: OLIVER LCSW PLLC

Privacy Practices and Administrative Staff: OLIVER LCSW PLLC takes your privacy and confidentiality seriously. Administrative staff contracted by OLIVER LCSW PLLC may have access to certain limited information necessary to perform scheduling, billing, or other administrative functions. All staff are bound by strict confidentiality agreements and privacy practices to ensure your information remains secure.

Confidentiality: I understand that the discussions and session notes that occur in my therapy sessions are confidential and will not be disclosed without my written consent, except in the following circumstances as required or permitted by law:

1. **Danger to Self or Others:** If I express an intention to harm myself or others, my therapist may take necessary steps to ensure safety, which may include notifying appropriate authorities or individuals.
2. **Court Orders:** If a court of law orders the release of records or testimony, OLIVER LCSW PLLC will comply as legally mandated.
3. **Reporting Child Abuse or Neglect:** If there is reasonable suspicion or knowledge of child abuse or neglect, my therapist is legally obligated to report this to the appropriate authorities.

These exceptions to confidentiality are in place to ensure the safety and well-being of individuals and the community.

Consent and Acknowledgment: By signing below, I acknowledge that I have read and understood this disclosure statement. I agree to the terms outlined herein and consent to participate in psychotherapy services provided by OLIVER LCSW PLLC.

If I have any questions or concerns regarding this document or my privacy, I understand that I may discuss them with my therapist at any time.

Client Name: _____

Signature: _____ **Date:** _____