

# Confidentiality Form

Nicodemus M. Watts, MD

The therapeutic relationship between you and Nicodemus M. Watts, M.D. is a professional and confidential relationship. What is revealed in the therapeutic setting is protected by professional and ethical standards. With few exceptions, all material is confidential and cannot be released without your written consent.

However, if Dr. Watts believes there is a reasonable possibility of you harming yourself or others, it is his responsibility to inform others in order to protect them or yourself.

The State of California also requires that the possibility of child, elder and dependent adult abuse be reported for Children's/Adult Protective Services within 36 hours. Such a report will result in an investigation and on the basis of their findings, it will be determined if the law has been broken and if legal action is warranted.

Your signature below indicates you have read the above information and have had any questions answered.

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Signature of Parent / Legal Guardian	Printed Name	Date
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Signature of Patient	Printed Name	Date
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Witness Signature	Printed Name	Date
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