Email | Phone Number | Address
omordaniella@gmail.com +2348186144818 202a Aba Road Expressway, Port Harcourt, Rivers State Nigeria.

DHO
COUNSELLING AND FAMILY THERAPY
DANIELLA H.OMOR
COUNSELLING & FAMILY THERAPY

THERAPIST–CLIENT CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement is made between:

Therapist: DHO Counselling & Family Therapy (hereinafter Daniella Omor), Address: 1 Westend, Road 4, Oginigba, Port Harcourt, Rivers State, Nigeria.

Client: _____ (Full Name as Seen on Payment Receipt)
Effective Date: Date of Payment

1. Purpose
The purpose of this Agreement is to describe how Confidential Information (defined below) will be protected and used during the therapeutic relationship between Therapist and Client.

2. Definition — Confidential Information
"Confidential Information" includes all information disclosed by Client to Therapist in the course of therapy, whether verbal, written, electronic, or observed, including but not limited to personal history, medical information, psychological issues, family information, and any records, notes, or recordings made by Therapist.

3. Therapist's Obligations
a. Therapist agrees to hold Confidential Information in strict confidence and not to disclose it to any third party except as allowed under this Agreement or as required by law.
b. Therapist may use Confidential Information only for purposes of providing therapy, supervision, consultation, case notes, billing, or care coordination as authorized by Client. When clinical consultation or supervision occurs, identifying information will be removed unless Client provides written consent.

4. Exceptions — When Disclosure May Be Required
Client understands and agrees that Therapist may disclose Confidential Information without Client's consent in the following circumstances where Therapist in good faith believes disclosure is necessary:
a. Risk of Harm: If there is an imminent risk of serious harm to Client or others (including threats of suicide or homicide).
b. Child/Adult Protection: If there is reasonable suspicion of child abuse/neglect, elder abuse, or abuse of a vulnerable adult, reporting to appropriate authorities is required.
c. Legal Compulsion: If a court of competent jurisdiction issues a lawful subpoena or order requiring disclosure, Therapist may disclose only the information legally required. Therapist will ordinarily attempt to inform Client of such requests unless legally prohibited.
d. Medical Emergency: To medical personnel if disclosure is necessary for emergency medical treatment.
e. Insurance / Payment: To insurers, payors or collection agencies as necessary for claims, billing or payment. Therapist will provide only the minimum information necessary.

5. Records and Notes
a. Therapist will create and retain clinical records and notes. Client may have access to records in accordance with applicable law, except where Therapist reasonably believes access would be harmful to Client or others. b. Record retention period will follow professional guidelines and applicable laws.

6. Electronic Communications & Security
Electronic communication (email, messaging, video sessions) involves some security risks. Therapist will take reasonable steps to protect digital data but cannot guarantee absolute confidentiality of electronic transmissions. Client consents to the use of electronic communication and understands the risks.

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7. Consent to Anonymized Case Consultation
To maintain high clinical standards, Therapist may consult with other professionals about Client's case in anonymized or de-identified form. Therapist will not disclose identifying details without Client's written consent.

8. Duration of Confidentiality
Confidentiality survives termination of therapy. Therapist's duty to protect Confidential Information continues indefinitely, except as otherwise required by law.

9. Limits of Agreement
This Agreement does not prevent Therapist from keeping necessary records, using de-identified materials for training, or fulfilling legal duties as described in Section 4.

10. Dispute Resolution & Governing Law
This Agreement is governed by the laws of the Federal Republic of Nigeria. Any dispute arising under this Agreement will be resolved in the courts of Rivers State, Nigeria, or as otherwise agreed in writing by the parties.

11. Acknowledgement & Signatures
By signing below Client acknowledges having read, understood, and agreed to this Confidentiality Agreement and the limits to confidentiality described herein.

Client name : _____
Client Payment Details: _____ **Date:** ___ / ___ / _____
Therapist name: Daniella Omor
Therapist signature: _____ **Date:** ___ / ___ / _____