CONFIDENTIALITY AGREEMENT

Springboard Consulting operates with an extremely high degree of integrity and is committed to providing counsellor/client confidentiality to all clients. All information you provide will be kept confidential. However, there are some situations in which your information may be shared.

- 1. Based on the complexities of your case, and to ensure that the highest quality of service is provided, unless you specifically object, your case may be discussed with other professionals to gain additional perspective on how to best serve you. In this situation however, and to maintain your privacy, your name will not be shared, and only relevant details will be shared.
- 2. If you as the client, either by your behaviour and/or by information provided by you during our time working together, threatens to harm yourself and/or someone else, or if **Springboard Consulting** believes that you are at risk of being harmed by someone else, **Springboard Consulting** reserves the right to take all precautionary and appropriate actions as deemed necessary in that situation to avert any such harm or likelihood of harm. This may include contacting, your parent/guardian, the hospital, or police for emergency care.
- 3. If you as the client by your admission have made known to **Springboard Consulting** that you have violated or are planning to violate any of the Laws of Barbados, **Springboard Consulting** reserves the right to inform the appropriate authorities of any such intentions or actions by you.

Springboard Consulting does not accept any responsibility or liability for any notice of intended prosecution and/or prosecution of you the client, neither does it accept any responsibility or liability for any other consequences which might befall you as a result of any actions undertaken by Springboard Consulting in accordance with numbers 2 and 3 of the Confidentiality Policy.

| I | | understand | the | confidential | ity |
|--------------------------------|--------------------------|------------|-----|--------------|------------|
| policy outlined and am signing | in agreement of the abov | e. | | | |
| | | | | | |
| | | | | | |
| Signature: | | | | | |
| Witness (parent/guardian): | ; | | | | . - |
| Date | | | | | |