Cairns Psychological Services

16204 Highway 7
Minnetonka MN. 55345

Office: (952) 934-2555
Fax: (952) 934-3010

Client Confidentiality Agreement

I understand that all records of my treatment are confidential and cannot be released without my (or my guardian's) express written consent. However, I also understand that if I am considered a danger to myself or others, are suspected to be the victim of abuse, or have broken laws while at the program, relevant information must be released to the appropriate authorities and/or my legal guardian. Additionally, certain information may be released if ordered by a court of law.

Client signature_____

Witness_____

Date_____