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State	Relevant Statutes	Applies To	Statutory Provision	Interpretation by Case Law
Alabama	Ala. Code §§ 34-8A-2 & 34-8A-21	34-8A-2 (5). Licensed Professional Counselors, i.e. those who are licensed to render evaluation and therapy that includes providing individual counseling, family counseling, marital counseling, group therapy, school counseling, play therapy, rehabilitation counseling, art therapy, human growth and development counseling, couples counseling, chemical abuse or dependency counseling, career counseling, and vocational disability counseling.	The confidential relations and communications between licensed professional counselor or certified counselor associate and client are placed upon the same basis as those provided by law between attorney and client, and nothing in this chapter shall be construed to require any such privileged communication to be disclosed.	
	Ala. Code §34-8A-24	Licensed Professional Counselors	There shall be no monetary liability on the part of, and no cause of action shall arise against a licensed professional counselor or associate licensed counselor in failing to warn of and protect from a client who has communicated to the licensed professional counselor or associate licensed counselor a serious threat of physical violence against a reasonably identifiable victim or victims. If there is a duty to warn and protect under the limited circumstances specified above, the duty shall be discharged by the licensed professional counselor or associate licensed counselor making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency. No monetary liability and no cause of action may arise against a licensed professional counselor or associate licensed counselor who breaches confidentiality or privileged communication in the discharge of their duty as specified in this chapter.	
	Ala. Code § 34-17A-23	Marriage & Family Therapists	(a) There shall be no monetary liability on the part of, and no cause of action shall arise against, any person who is a licensed marriage and family therapist in failing to predict and warn of and protect from a patient's violent behavior except where the patient has communicated to the marriage and family therapist a serious threat of physical violence against a reasonably identifiable victim or victims. (b) The duty to warn of or to take reasonable precautions to provide protection from violent behavior arises only under the limited circumstance specified in subsection (a). The duty shall be discharged by the marriage and family therapist if reasonable efforts are made to communicate the threat to the victim or victims and to a law enforcement agency. (c) No monetary liability and no cause of action may arise under this chapter against any person who is a licensed marriage and family therapist under this chapter for confidences disclosed to third parties in an effort to discharge duty arising pursuant to subsection (a) according to subsection (b).	
Alaska	Alaska Stat. § 8.29.200	Licensed Professional Counselors	A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to (1) a communication to a potential victim, the family of a potential victim, law enforcement authorities, or other appropriate authorities concerning a clear and immediate probability of physical harm to the client, other individuals, or society; ... (5) situations where the rules of evidence applicable to the psychotherapist-patient privilege allow the release of the information.	
	Alaska Stat. § 08.63.200	Marriage and Family Therapists	(a) A person licensed under this chapter may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to: (5) a communication to a potential victim or to law enforcement officers where a threat of imminent serious physical harm to an identified victim has been made by a client;	
	Alaska Stat. § 08.86.200	Psychologist or Psychological Associates	A psychologist or psychological associate may not reveal to another person a communication made to the psychologist or psychological associate by a client about a matter concerning which the client has employed the psychologist or psychological associate in a professional capacity. This section does not apply to: (3) a case where an immediate threat of serious physical harm to an identifiable victim is communicated to a psychologist or psychological associate by a client;	
	Alaska Stat. § 08.95.900	Licensed Social Workers and their Employees	(a) A licensed social worker, and the social worker's employees or other persons who have access to the social worker's records, may not reveal to another person a communication made to the licensee by a client about a matter concerning which the client has employed the licensee in a professional capacity. This section does not apply to: ... (6) a communication to a potential victim or to law enforcement officers where a threat of imminent serious physical harm to an identified victim has been made by a client;	
	Alaska Stat. § 47.30.845	Welfare, Social Services, and Related Institutions	Information and records obtained in the course of a screening investigation, evaluation, examination, or treatment are confidential and are not public records, except as the requirements of a hearing under AS 47.30.660 — 47.30.915 may necessitate a different procedure. Information and records may be copied and disclosed under regulations established by the department only to: (7) a law enforcement agency when there is substantiated concern over imminent danger to the community by a presumed mentally ill person;	

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Arizona	Ariz. Rev. Stat. Ann. § 32-2085	Licensed Psychologists and Support Staff.
		<p>A. The confidential relations and communication between a client or patient and a psychologist licensed pursuant to this chapter, including temporary licensees, are placed on the same basis as those provided by law between an attorney and client. Unless the client or patient waives the psychologist-client privilege in writing or in court testimony, a psychologist shall not voluntarily or involuntarily divulge information that is received by reason of the confidential nature of the psychologist's practice. The psychologist shall divulge to the board information it requires in connection with any investigation, public hearing or other proceeding. The psychologist-client privilege does not extend to cases in which the psychologist has a duty to report information as required by law.</p> <p>B. The psychologist shall ensure that client or patient records and communications are treated by clerical and paraprofessional staff at the same level of confidentiality and privilege required of the psychologist.</p>
	<p>Ariz. Rev. Stat. Ann. § 32-3283</p> <p>Behavioral Health Professionals, defined under 32-3251 as marriage and family therapists, professional counselors, social workers, and substance abuse counselors Practice of "professional counseling means the professional application of mental health, psychological and human development theories, principles and techniques to:</p> <p>(a) Facilitate human development and adjustment throughout the human life span.</p> <p>(b) Assess and facilitate career development.</p> <p>(c) Treat interpersonal relationship issues and nervous, mental and emotional disorders that are cognitive, affective or behavioral.</p> <p>(d) Manage symptoms of mental illness.</p> <p>(e) Assess, appraise, evaluate, diagnose and treat individuals, couples, families and groups through the use of psychotherapy.</p>	<p>A. The confidential relationship between a client and a licensee, including a temporary licensee, is the same as between an attorney and a client. Unless a client waives this privilege in writing or in court testimony, a licensee shall not voluntarily or involuntarily divulge information that is received by reason of the confidential nature of the behavioral health professional-client relationship.</p> <p>C. The behavioral health professional-client privilege does not extend to cases in which the behavioral health professional has a duty to:</p> <ol style="list-style-type: none"> 1. Inform victims and appropriate authorities that a client's condition indicates a clear and imminent danger to the client or others pursuant to this chapter;
	<p>Ariz. Rev. Stat. Ann. § 36-509</p> <p>Health Care Entity Records</p>	<p>A health care entity must keep records and information contained in records confidential and not as public records, except as provided in this section. Records and information contained in records may be disclosed only as authorized by state or federal law, including the health insurance portability and accountability act privacy standards (45 Code of Federal Regulations part 160 and part 164, subpart E), or as follows to:...</p> <p>6. Governmental or law enforcement agencies if necessary to:</p> <ol style="list-style-type: none"> (a) Secure the return of a patient who is on unauthorized absence from any agency where the patient was undergoing evaluation and treatment. (b) Report a crime on the premises. (c) Avert a serious and imminent threat to an individual or the public. <p>7.(b) (b) If the patient is not present or the opportunity to agree or object to the disclosure of information cannot practicably be provided because of the patient's incapacity or an emergency circumstance, the health care entity may disclose the information if the entity determines that the disclosure of the information is in the best interests of the patient. In determining whether the disclosure of information is in the best interests of the patient, in addition to all other relevant factors, the health care entity shall consider all of the following ...:</p> <ol style="list-style-type: none"> (iii) Whether the health care entity has reasonable grounds to believe that the release of the information may subject the patient to domestic violence, abuse or endangerment by family members, friends or other persons involved in the patient's care, treatment or supervision. (c) The health care entity believes the patient presents a serious and imminent threat to the health or safety of the patient or others, and the health care entity believes that family members, friends or others involved in the patient's care, treatment or supervision can help to prevent the threat.
	<p>Ariz. Rev. Stat. Ann. § 36-504, 36-509 & 36-517.01</p> <p>Mental Health Professionals for release of information via.</p>	<p>A. An agency providing evaluation or treatment, on request of a person undergoing evaluation or treatment, a member of his family or his guardian, shall review the treating professional's decision to release or withhold information requested pursuant to section 36-504, subsection B or section 36-509, subsection A, paragraph 7. The agency shall inform a person whose request is denied of his right to a review when it notifies that person of its decision. The agency director or his designee shall conduct the review within five business days after the request for review is made. The review shall include an interview of the person undergoing evaluation or treatment. The agency shall make a decision to uphold or reverse the treating professional's decision within five business days after initiating the review. The agency shall bear the costs of conducting the review. Agency review pursuant to this section does not apply to a decision to release or withhold information made by a non-agency treating professional. ...</p> <p>C. An agency or non-agency treating professional that makes a decision to release or withhold treatment information in good faith pursuant to section 36-504, subsection B or section 36-509, subsection A, paragraph 7 is not subject to civil liability for this decision.</p>
	<p>Ariz. Rev. Stat. Ann. § 36.517.02</p> <p>"Extends to third persons whose circumstances place them within the reasonably foreseeable area of danger where the violent conduct of the patient is a threat." (<i>Hammon</i>). See also Little - Ruled statute as unconstitutional for impermissibly abrogating the right of action recognized in <i>Hammon</i> which is now the standard for the duty to protect.</p>	<p>A. There shall be no cause of action against a mental health provider nor shall legal liability be imposed for breaching a duty to prevent harm to a person caused by a patient, unless both of the following occur:</p> <ol style="list-style-type: none"> 1. The patient has communicated to the mental health provider an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such threat. 2. The mental health provider fails to take reasonable precautions. <p>B. Any duty owed by a mental health provider to take reasonable precautions to prevent harm threatened by a patient is discharged by all of the following:</p>

See interpretation by *Little v. All Phoenix South Community Mental Health Center* (186 Ariz. 97 1995) and its reference to *Hamman*.

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			<ol style="list-style-type: none"> 1. Communicating when possible the threat to all identifiable victims. 2. Notifying a law enforcement agency in the vicinity where the patient or any potential victim resides. 3. Taking reasonable steps to initiate proceedings for voluntary or involuntary hospitalization, if appropriate. 4. Taking any other precautions that a reasonable and prudent mental health provider would take under the circumstances. <p>C. Whenever a patient has explicitly threatened to cause serious harm to a person or whenever a mental health provider reasonably concludes that a patient is likely to do so, and the mental health provider, for the purpose of reducing the risk of harm, discloses a confidential communication made by or relating to the patient, the mental health provider shall be immune from liability resulting from such disclosure.</p> <p>D. This section shall not limit and shall be in addition to any other statutory immunities from liability of mental health providers or mental health treatment agencies as otherwise provided by law.</p>
Arkansas	Ark. Stat. Ann. § 17-27-311	Licensed Counselors and Licensed Associate Counselors, Licensed Marriage and Family Therapist and Licensed Associate Marriage and Family Therapist.	<p>(a) For the purposes of this chapter, the confidential relations and communications between a licensed counselor and a client, a licensed associate counselor and a client, a licensed marriage and family therapist and a client, or between a licensed associate marriage and family therapist and a client are placed upon the same basis as those between an attorney and a client.</p> <p>(b) Nothing in this chapter shall be construed to require that any privileged communication be disclosed.</p>
	Ark. Stat. Ann § 17-97-105.	Psychologists and Psychological Examiners – Privileged Communications	For the purpose of this chapter, the confidential relations and communications between a licensed psychologist or a psychological examiner and a client are placed upon the same basis as those provided by law between an attorney and a client. Nothing in this chapter shall be construed to require any such privileged communication to be disclosed.
	Ark. Stat. Ann. § 17-103-107	Licensed Certified Social Workers, Master Social Workers and their staff. Yes - Duty to Protect - Permissive; Applies to: licensed certified social workers, licensed master social workers, and licensed social workers or their secretaries, clerks, and stenographers.	No licensed certified social worker, master social worker, or his or her secretary, stenographer or clerk may disclose any information he or she may have acquired from persons consulting them in their professional capacity except these professionals shall not be required to treat as confidential a communication that reveals the contemplation for a crime or a harmful act.
	Ark. Stat. Ann. § 20-45-202	Duty of mental health services provider to take precautions against threatened patient violence — Duty to warn.	<p>(a) A mental health services provider, hospital, facility, community mental health center, or clinic is not subject to liability, suit, or a claim under § 19-10-204 on grounds that a mental health services provider did not prevent harm to an individual or to property caused by a patient if:</p> <ol style="list-style-type: none"> (1) The patient communicates to the mental health services provider an explicit and imminent threat to kill or seriously injure a clearly or reasonably identifiable potential victim or to commit a specific violent act or to destroy property under circumstances that could easily lead to serious personal injury or death and the patient has an apparent intent and ability to carry out the threat; and (2) The mental health services provider takes the precautions specified in subsection (b) of this section in an attempt to prevent the threatened harm. <p>(b) A duty owed by a mental health services provider to take reasonable precautions to prevent harm threatened by a patient is discharged, as a matter of law, if the mental health services provider in a timely manner:</p> <ol style="list-style-type: none"> (1) Notifies: <ol style="list-style-type: none"> (A) A law enforcement agency in the county in which the potential victim resides; (B) A law enforcement agency in the county in which the patient resides; or (C) The Department of Arkansas State Police; or (2) Arranges for the patient's immediate voluntary or involuntary hospitalization. <p>(c) (1) If a patient who is under eighteen (18) years of age threatens to commit suicide or serious or life-threatening bodily harm upon himself or herself, the mental health services provider shall make a reasonable effort to communicate the threat to the patient's custodial parent.</p> <p>(2) If the mental health services provider is unable to contact the patient's custodial parent within a reasonable time, the mental health services provider shall make a reasonable effort to communicate the threat to the patient's noncustodial parent or legal guardian.</p> <p>(d) A mental health services provider, hospital, facility, community mental health center, or clinic is not subject to liability, suit, or claim under § 19-10-204 for disclosing a confidential communication made by or relating to a patient if the patient has explicitly threatened to cause serious harm to an individual or to property under circumstances that could easily lead to serious personal injury or death or if the provider has a reasonable belief that the patient poses a credible threat of serious harm to an individual or to property.</p> <p>(e) (1) If a patient in the custody of a hospital, community mental health center, or other facility threatens to harm an individual or property, the mental health services provider and the staff of the hospital, community mental health center, or other facility shall consider and evaluate the threat before discharging the patient.</p> <p>(2) Under subdivision (e)(1) of this section, the mental health services provider may inform an appropriate law enforcement agency and the victim of the threat.</p> <p>(f) Subsections (a) and (c) of this section apply to a hospital or facility that has custody of a patient who has made or makes a threat to harm an individual or property.</p>
California	Cal Civil Code § 43.92	Psychotherapists	a) There shall be no monetary liability on the part of, and no cause of action shall arise against, any person who is a psychotherapist as defined in Section 1010 of the Evidence Code in failing to protect from a patient's threatened violent behavior or failing to predict and protect from a patient's violent behavior except if the patient has communicated to the psychotherapist a serious threat of physical violence against a reasonably identifiable victim or victims.

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			(b) There shall be no monetary liability on the part of, and no cause of action shall arise against, a psychotherapist who, under the limited circumstances specified in subdivision (a), discharges his or her duty to protect by making reasonable efforts to communicate the threat to the victim or victims and to a law enforcement agency. (c) It is the intent of the Legislature that the amendments made by the act adding this subdivision only change the name of the duty referenced in this section from a duty to warn and protect to a duty to protect. Nothing in this section shall be construed to be a substantive change, and any duty of a psychotherapist shall not be modified as a result of changing the wording in this section.
	Cal. Civil Code § 56.10	Psychotherapist	(a) A provider of health care, health care service plan, or contractor shall not disclose medical information regarding a patient of the provider of health care or an enrollee or subscriber of a health care service plan without first obtaining an authorization, except as provided in subdivision (b) or (c). (b) A provider of health care, a health care service plan, or a contractor shall disclose medical information if the disclosure is compelled by any of the following: (19) The information may be disclosed, consistent with applicable law and standards of ethical conduct, by a psychotherapist, as defined in Section 1010 of the Evidence Code, if the psychotherapist, in good faith, believes the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a reasonably foreseeable victim or victims, and the disclosure is made to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat.
	Cal. Evidence Code § 1010	Defines “psychotherapist” to mean psychiatrist, psychologist, clinical social worker, school psychologist, marriage and family therapist, psychological intern, a trainee supervised by a licensed psychologist, a board certified psychiatrist, a licensed clinical social worker, a licensed marriage and family therapist, or a licensed professional clinical counselor, a registered nurse who possesses a master’s degree in psychiatric-mental health nursing, a person rendering mental health treatment or counseling services as authorized pursuant to Section 6924 of the Family Code , a licensed professional clinical counselor, and an associate licensed professional clinical counselor .	Provides the definition of the persons who qualify as a psychotherapist or persons who the patient reasonably believes is a psychotherapist.
	Cal. Evidence Code § 1010.5	Educational Psychologist	A communication between a patient and an educational psychologist shall be privileged to the same extent, and subject to the same limitations, as a communication between a patient and a psychotherapist.
	Cal. Evidence Code § 1024	Psychotherapist	There is no privilege if a psychotherapist has reasonable cause to believe that the patient is in such mental or emotional condition as to be dangerous to himself or to the person or property of another and that disclosure of the communication is necessary to prevent the threatened danger.
Colorado	Colo. Rev. Stat. § 13-21-117	(a) Mental health provider” means a physician, social worker, psychiatric nurse, psychologist, or other mental health professional, or a mental health hospital, community mental health center or clinic, institution, or their staff. (b) Psychiatric nurse” means a registered professional nurse as defined in section 12-38-103(11), C.R.S., who by virtue of postgraduate education and additional nursing preparation has gained knowledge, judgment, and skill in psychiatric or mental health nursing.	(2)(a) A mental health provider is not liable for damages in any civil action for failure to warn or protect a specific person or persons, including those identifiable by their association with a specific location or entity, against the violent behavior of a person receiving treatment from the mental health provider, and any such mental health provider must not be held civilly liable for failure to predict such violent behavior except where the patient has communicated to the mental health provider a serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity (b) When there is a duty to warn and protect under the provisions of paragraph (a) of this subsection (2), the mental health provider shall make reasonable and timely efforts to notify the person or persons, or the person or persons responsible for a specific location or entity, that is specifically threatened, as well as to notify an appropriate law enforcement agency or to take other appropriate action, including but not limited to hospitalizing the patient. A mental health provider is not liable for damages in any civil action for warning a specific person or persons, or a person or persons responsible for a specific location or entity, against or predicting the violent behavior of a person receiving treatment from the mental health provider. (c) A mental health provider must not be subject to professional discipline when there is a duty to warn and protect pursuant to this section. (3) The provisions of this section do not apply to the negligent release of a patient from any mental health hospital or ward or to the negligent failure to initiate involuntary seventy-two-hour treatment and evaluation after a personal patient evaluation determining that the person appears to have a mental health disorder and, as a result of the mental health disorder, appears to be an imminent danger to others.
	Colo. Ref. Stat. § 13-21-117.5	Intellectual and Developmental Disability Service Providers	(6) A provider shall not be liable for damages in any civil action for failure to warn or protect any person against the violent, assaultive, disorderly, or harassing behavior of a person with a developmental disability, nor shall any such provider be held civilly liable for failure to predict or prevent such behavior, except there shall be a duty to warn where the person with the developmental disability has communicated to the provider a serious and credible threat of imminent physical violence and serious bodily injury against a specific person or persons. If there is a duty to warn as specified in

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			<p>this subsection (6), the duty shall be discharged by the provider making reasonable and timely efforts to notify any person or persons specifically threatened, except that if the person or persons threatened with imminent physical violence and serious bodily injury is a person with a developmental disability under the care of a provider, the provider shall take reasonable action to protect such person from serious bodily injury until the threat can reasonably be deemed to have abated. A provider shall not be liable for damages in any civil action for warning a person against or predicting violent, assaultive, disorderly, or harassing behavior of a person with a developmental disability, nor shall a provider be subject to professional discipline for such warning or prediction.</p>
Connecticut	Conn. Gen. Stat. § 52-146c	Psychologists	<p>(c) Consent of the person shall not be required for the disclosure of such person's communications:...</p> <p>(3) If the psychologist believes in good faith that there is risk of imminent personal injury to the person or to other individuals or risk of imminent injury to the property of other individuals;</p>
	Conn Gen. Stat. § 52-146d	(2)Communications and records"	<p>(2)Communications and records" means all oral and written communications and records thereof relating to diagnosis or treatment of a patient's mental condition between the patient and a psychiatrist, or between a member of the patient's family and a psychiatrist, or between any of such persons and a person participating under the supervision of a psychiatrist in the accomplishment of the objectives of diagnosis and treatment, wherever made, including communications and records which occur in or are prepared at a mental health facility;</p>
	Conn. Gen. Stat. § 52-146f	Psychiatrist	<p>Consent of the patient shall not be required for the disclosure or transmission of communications or records of the patient in the following situations as specifically limited: ...</p> <p>(2) Communications or records may be disclosed when the psychiatrist determines that there is substantial risk of imminent physical injury by the patient to himself or others or when a psychiatrist, in the course of diagnosis or treatment of the patient, finds it necessary to disclose the communications or records for the purpose of placing the patient in a mental health facility, by certification, commitment or otherwise, provided the provisions of sections 52-146d to 52-146j, inclusive, shall continue in effect after the patient is in the facility. ...</p> <p>(7) Communications or records may be disclosed to a member of the immediate family or legal representative of the victim of a homicide committed by the patient where such patient has, on or after July 1, 1989, been found not guilty of such offense by reason of mental disease or defect pursuant to section 53a-13, provided such family member or legal representative requests the disclosure of such communications or records not later than six years after such finding, and provided further, such communications shall only be available during the pendency of, and for use in, a civil action relating to such person found not guilty pursuant to section 53a-13.</p>
Delaware	Del. Code Ann. Tit. 16 § 1211	Any information collected by the Dept. of Health and Social Services.	<p>Any use of protected information permitted shall be limited to the minimum amount of information believed to be reasonably necessary to accomplish the legitimate public health purpose.</p>
	Del. Code Ann. Tit. 16 § 1212		<p>Disclosure of protected health information without informed consent of the patient is allowed to the extent necessary in an emergency to protect the health or life of the patient from serious, imminent harm. Disclosure is also allowed to the public safety authority, during a public health emergency which is defined by § 1210 as a population-based activity or individual effort primarily aimed at the prevention of injury, disease, or premature mortality or the promotion of health in the community.</p>
	Del. Code Ann. Title 16 §3.01	Mental health services providers §3.01. Definitions. Except where the context indicates otherwise, as used in this chapter: 'Licensed psychologist' means 'licensed psychologist' as defined by Chapter 35 of Title 24. 'Licensed clinical social worker' means 'licensed clinical social worker' as defined by Chapter 39 of Title 24. 'Mental health services provider' means any physician, registered professional nurse, licensed counselor working in the field of mental health, psychologists and licensed clinical social workers as defined in this chapter. 'Patient' means any person with whom the mental health services provider has established a patient—care provider relationship. 'Physician' means 'physician' as defined by Chapter 17 of Title 24. 'licensed counselor working in the field of mental health' means 'licensed counselor working in the field of mental health' as defined by Chapter 30 of Title 24. 'Registered professional nurse' means 'registered professional nurse' as defined by Chapter 19 of Title 24.	
	Del. Code Ann. Tit. 16 § 5402	.	<p>Duty of mental health services providers to take precautions against threatened patient violence; duty to warn.</p>

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(a) A person may not bring a cause of action against a mental health services provider, institution, agency, or hospital, and legal liability may not be imposed, for the inability of a mental health services provider, institution, agency, or hospital to prevent harm to person or property caused by a patient unless both of the following are met:

- (1) The patient has communicated to the mental health services provider, institution, agency, or hospital an explicit and imminent threat to kill or seriously injure a clearly identified victim, or to commit a specific violent act or to destroy property under circumstances which could easily lead to serious personal injury or death, and the patient has an apparent intent and ability to carry out the threat.
- (2) The mental health services provider, institution, agency, or hospital fails to take the precautions specified in subsection (b) of this section in an attempt to prevent the threatened harm.

(b) Any duty owed by a mental health services provider, institution, agency, or hospital to take reasonable precautions to prevent harm threatened by a patient is discharged, as a matter of law, if the mental health services provider, institution, agency, or hospital, in a timely manner, does both of the following:

- (1) Notifies a law-enforcement agency having jurisdiction where the potential victim resides, or notifies a law enforcement agency having jurisdiction where the patient resides, and communicates the threat of death or serious bodily injury to the clearly identified victim.
- (2) Arranges for the patient's immediate voluntary or involuntary hospitalization, in an inpatient or outpatient program.

(c) If a patient has explicitly threatened to cause serious harm to a person or property, or a mental health services provider, institution, agency, or hospital otherwise concludes that the patient is likely to do so or is dangerous to others or dangerous to self, as these terms are defined in § 5001 of this title, and the mental health services provider, institution, agency, or hospital, for the purpose of reducing the risk of harm, discloses any confidential communication made by or relating to the patient, a person may not bring cause of action, either criminal or civil, against the mental health services provider, institution, agency, or hospital for making such disclosure.

Del. Code Ann. Tit. 24 § 3913	Licensed Clinical Social Workers	<p>§ 3913 Privileged communications. A social worker may not disclose any information acquired from a person consulting the social worker in a professional capacity except:</p> <p>... (2) A social worker is not required to treat as confidential a communication that reveals the planning of any violent crime or act.</p>
District of Columbia	D.C. Code Ann. § 7-1201.01	<p>(11) "Mental health professional" means any of the following persons engaged in the provision of professional services:</p> <ol style="list-style-type: none"> (A) A person licensed to practice medicine; (B) A person licensed to practice psychology; (C) A licensed social worker; (D) A professional marriage, family, or child counselor; (E) A rape crisis or sexual abuse counselor who has undergone at least 40 hours of training and is under the supervision of a licensed social worker, nurse, psychiatrist, psychologist, or psychotherapist; (F) A licensed nurse who is a professional psychiatric nurse; or (G) Any person reasonably believed by the client to be a mental health professional within the meaning of subparagraphs (A) through (F) of this paragraph.
D.C. Code Ann. § 7-1203.03	Mental Health Professionals	<p>To the extent the disclosure of mental health information is not otherwise authorized by this chapter, mental health information may be disclosed, on an emergency basis, to one or more of the following if the mental health professional reasonably believes that such disclosure is necessary to initiate or seek emergency hospitalization of the client under § 21-521 or to otherwise protect the client or another individual from a substantial risk of imminent and serious physical injury:</p> <ol style="list-style-type: none"> (1) The client's spouse, parent, or legal guardian; (2) A duly accredited officer or agent of the District of Columbia in charge of public health; (3) The Department of Mental Health; (4) A provider as that term is defined in § 7-1131.02(27); (5) The District of Columbia Pretrial Services Agency; (6) The Court Services and Offender Supervision Agency; (7) A court exercising jurisdiction over the client as a result of a pending criminal proceeding; (8) Emergency medical personnel; (9) An officer authorized to make arrests in the District of Columbia; or (10) An intended victim. <p>(a-1) Any disclosure of mental health information under this section shall be limited to the minimum necessary to initiate or seek emergency hospitalization of the client under § 21-521 or to otherwise protect the client or another individual from a substantial risk of imminent and serious physical injury.</p> <p>(b) Mental health information disclosed to the Metropolitan Police Department pursuant to this section shall be maintained separately and shall not be made a part of any permanent police record. Such mental health information shall not be further disclosed except as a court-related disclosure pursuant to subchapter IV of this chapter. If no judicial action relating to the disclosure under this section is pending at the expiration of the statute of limitations governing the nature of the</p>

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			judicial action, the mental health information shall be destroyed. If a judicial action relating to the disclosure under this section is pending at the expiration of the statute of limitations, the mental health information shall be destroyed at the termination of the judicial action. (c) Mental health information contained in a certification of incapacity, pursuant to § 21-2204, may be disclosed to initiate a proceeding pursuant to Chapter 20 of Title 21.
Florida	Fla. Stat. §394.455	The Florida Mental Health Act applies to Clinical Psychologists, Clinical Social Workers, Community Mental Health Centers or Clinics, any hospital, community facility, public or private facility, or receiving or treatment facility providing for the evaluation, diagnosis, care, treatment, training, or hospitalization of persons who appear to have or who have been diagnosed as having a mental illness or substance abuse impairment, marriage and family therapist, physician, physician assistant, psychiatric nurse, psychiatrist, mental health counselor, or advance practice registered nurse (44) "Service provider" means a receiving facility, a facility licensed under chapter 397, a treatment facility, an entity under contract with the department to provide mental health or substance abuse services, a community mental health center or clinic, a psychologist, a clinical social worker, a marriage and family therapist, a mental health counselor, a physician, a psychiatrist, an advanced practice registered nurse, a psychiatric nurse, or a qualified professional as defined in s. 39.01 (a physician or a physician assistant licensed under chapter 458 or chapter 459; a psychiatrist licensed under chapter 458 or chapter 459; a psychologist as defined in s. 490.003(7) or a professional licensed under chapter 491; or a psychiatric nurse as defined in s. 394.455).	
	Fla. Stat. § 394.4615		(3) Information from the clinical record may be released in the following circumstances: (a) When a patient has communicated to a service provider a specific threat to cause serious bodily injury or death to an identified or a readily available person, if the service provider reasonably believes, or should reasonably believe according to the standards of his or her profession, that the patient has the apparent intent and ability to imminently or immediately carry out such threat. When such communication has been made, the administrator may authorize the release of sufficient information to provide adequate warning to the person threatened with harm by the patient. (4) Information from the clinical record must be released when a patient has communicated to a service provider a specific threat to cause serious bodily injury or death to an identified or a readily available person, if the service provider reasonably believes, or should reasonably believe according to the standards of his or her profession, that the patient has the apparent intent and ability to imminently or immediately carry out such threat. When such communication has been made, the administrator must authorize the release of sufficient information to communicate the threat to law enforcement. A law enforcement agency that receives notification of a specific threat under this subsection must take appropriate action to prevent the risk of harm, including, but not limited to, notifying the intended victim of such threat or initiating a risk protection order. A service provider's authorization to release information from a clinical record when communicating a threat pursuant to this section may not be the basis of any legal action or criminal or civil liability against the service provider.
	Fla. Stat. § 456.059	Psychiatrists	Communications between a patient and a psychiatrist, as defined in §. 394.455, shall be held confidential and may not be disclosed except upon the request of the patient or the patient's legal representative. Provision of psychiatric records and reports is governed by s. 456.057. Notwithstanding any other provision of this section or s. 90.503, when: (1) A patient is engaged in a treatment relationship with a psychiatrist; (2) Such patient has communicated to the psychiatrist a specific threat to cause serious bodily injury or death to an identified or a readily available person; and (3) The treating psychiatrist makes a clinical judgment that the patient has the apparent intent and ability to imminently or immediately carry out such threat, the psychiatrist may disclose patient communications to the extent necessary to warn any potential victim and must disclose patient communications to the extent necessary to communicate the threat to a law enforcement agency. A law enforcement agency that receives notification of a specific threat under this section must take appropriate action to prevent the risk of harm, including, but not limited to, notifying the intended victim of such threat or initiating a risk protection order. A psychiatrist's disclosure of confidential communications when communicating a threat pursuant to this section may not be the basis of any legal action or criminal or civil liability against the psychiatrist.
	Fla. Stat. § 490.0147	Psychologists	(1) Any communication between a psychologist and her or his patient or client is confidential. This privilege may be waived under the following conditions: (c) When a patient or client has communicated to the psychologist a specific threat to cause serious bodily injury or death to an identified or readily available person, and the psychologist makes a clinical judgment that the patient or client has the apparent intent and ability to imminently or immediately carry out such threat, and the psychologist communicates the information to the potential victim. A disclosure of confidential communications by a psychologist when communicating a threat pursuant to this subsection may not be the basis of any legal action or criminal or civil liability against the psychologist. (2) Such privilege must be waived, and the psychologist shall disclose patient or client communications to the extent necessary to communicate the threat to a law enforcement agency, if a patient or client has communicated to the

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		psychologist a specific threat to cause serious bodily injury or death to an identified or readily available person, and the psychologist makes a clinical judgment that the patient or client has the apparent intent and ability to imminently or immediately carry out such threat. A law enforcement agency that receives notification of a specific threat under this subsection must take appropriate action to prevent the risk of harm, including, but not limited to, notifying the intended victim of such threat or initiating a risk protection order. A psychologist's disclosure of confidential communications when communicating a threat pursuant to this subsection may not be the basis of any legal action or criminal or civil liability against the psychologist.
	Fla. Stat.§491.003	Clinical social worker, marriage and family therapist, mental health counselor, clinical social worker
	Fla. Stat. § 491.0147	Clinical, counseling, and psychotherapy services
		491.0147 Confidentiality and privileged communications. Any communication between any person licensed or certified under this chapter and her or his patient or client is confidential. (1) This privilege may be waived under the following conditions: (c) When a patient or client has communicated to the person licensed or certified under this chapter a specific threat to cause serious bodily injury or death to an identified or readily available person, and the person licensed or certified under this chapter makes a clinical judgment that the patient or client has the apparent intent and ability to imminently or immediately carry out such threat, and the person licensed or certified under this chapter communicates the information to the potential victim. A disclosure of confidential communications by a person licensed or certified under this chapter when communicating a threat pursuant to this subsection may not be the basis of any legal action or criminal or civil liability against such person (2) This privilege must be waived, and the person licensed or certified under this chapter shall disclose patient or client communications to the extent necessary to communicate the threat to a law enforcement agency, if a patient or client has communicated to such person a specific threat to cause serious bodily injury or death to an identified or readily available person, and the person licensed or certified under this chapter makes a clinical judgment that the patient or client has the apparent intent and ability to imminently or immediately carry out such threat. A law enforcement agency that receives notification of a specific threat under this subsection must take appropriate action to prevent the risk of harm, including, but not limited to, notifying the intended victim of such threat or initiating a risk protection order. A disclosure of confidential communications by a person licensed or certified under this chapter when communicating a threat pursuant to this subsection may not be the basis of any legal action or criminal or civil liability against such person..
Georgia	Georgia Code § 37-3-166	A clinical record for each patient shall be maintained. Authorized release of the record shall include but not be limited to examination of the original record, copies of all or any portion of the record, or disclosure of information from the record, except for matters privileged under the laws of this state. Such examination shall be conducted on hospital premises at reasonable times determined by the facility. The clinical record shall not be a public record and no part of it shall be released except: ... (10) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of investigating the commission of a crime on the premises of a facility covered by this chapter or against facility personnel or a threat to commit such a crime may be informed as to the circumstances of the incident, including whether the individual allegedly committing or threatening to commit a crime is or has been a patient in the facility, and the name, address, and last known whereabouts of any alleged patient perpetrator/ (b) In connection with any hearing held under this chapter, any physician, including any psychiatrist, or any psychologist who is treating or who has treated the patient shall be authorized to give evidence as to any matter concerning the patient, including evidence as to communications otherwise privileged under Code Section 24-5-501, 24-12-1, or 43-39-16. (c) Any disclosure authorized by this Code section or any unauthorized disclosure of confidential or privileged patient information or communications shall not in any way abridge or destroy the confidential or privileged character thereof, except for the purpose for which such authorized disclosure is made. Any person making a disclosure authorized by this Code section shall not be liable to the patient or any other person, notwithstanding any contrary provision of Code Section 24-5-501, 24-12-1, or 43-39-16.
	Georgia Code §37-7-166	A clinical record for each patient shall be maintained. Authorized release of the record shall include but not be limited to examination of the original record, copies of all or any portion of the record, or disclosure of information from the record, except for matters privileged under the laws of this state. Such examination shall be conducted on hospital premises as determined by the facility. The clinical record shall not be a public record and no part of it shall be released except: (10) Notwithstanding any other provision of law to the contrary, a law enforcement officer in the course of investigating the commission of a crime on the premises of a facility covered by this chapter or against facility personnel or a threat to commit such a crime may be informed as to the circumstances of the incident, including whether the individual allegedly committing or threatening to commit a crime is or has been a patient in the facility, and the name, address, and last known whereabouts of any alleged patient perpetrator. (b) In connection with any hearing held under this chapter, any physician, including any psychiatrist, or any psychologist who is treating or who has treated the patient shall be authorized to give evidence as to any matter concerning the patient, including evidence as to communications otherwise privileged under Code Section 24-5-501, 24-12-1, or 43-39-16. (c) Any disclosure authorized by this Code section or any unauthorized disclosure of confidential or privileged patient information or communications shall not in any way abridge or destroy the confidential or privileged character thereof, except for the purpose for which such authorized disclosure is made. Any person making a disclosure

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			authorized by this Code section shall not be liable to the patient or any other person, notwithstanding any contrary provision of Code Section 24-5-501, 24-12-1, or 43-39-16.	
	Code of Ethics of the State Board of Examiners of Psychologists Ch. 510-4-.02 § 4.05	Psychologists	Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to: ... (3) protect the client/patient, psychologist, or others from harm	"Where the course of treatment of a mental patient involves an exercise of "control" over him by a physician who knows or should know that the patient is likely to cause bodily harm to others, an independent duty arises from that relationship and falls upon the physician to exercise that control with such reasonable care as to prevent harm to others at the hands of the patient." - <i>Bradley Center v. Wessner</i> (161 Ga. App. 576). The case involved a hospitalized patient who had made threats and was released. The provider and facility failed to continue exercising control over the patient. Subsequent case law has enforced confidentiality laws in actions against providers for providing warnings.
Hawaii	Hawaii Rev. Stat. §626-1 Rule of Evidence § 504.1	Psychologists	(1) A "client" is a person who consults or is examined or interviewed by a psychologist. (2) A "psychologist" is a person authorized, or reasonably believed by the client to be authorized, to engage in the diagnosis or treatment of a mental or emotional condition, including substance addiction or abuse. (3) A communication is "confidential" if not intended to be disclosed to third persons other than those present to further the interest of the client in the consultation, examination, or interview, or persons reasonably necessary for the transmission of the communication, or persons who are participating in the diagnosis or treatment of the client's mental or emotional condition under the direction of the psychologist, including members of the client's family. (b) General rule of privilege. A client has a privilege to refuse to disclose and to prevent any other person from disclosing confidential communications made for the purpose of diagnosis or treatment of the client's mental or emotional condition, including substance addiction or abuse, among the client, the client's psychologist, and persons who are participating in the diagnosis or treatment under the direction of the psychologist, including members of the client's family. (c) Who may claim the privilege. The privilege may be claimed by the client, the client's guardian or conservator, or the personal representative of a deceased client. The person who was the psychologist at the time of the communication is presumed to have authority to claim the privilege but only on behalf of the client. (d) Exceptions: ... (6) Prevention of crime or tort. There is no privilege under this rule as to a communication reflecting the client's intent to commit a criminal or tortious act that the psychologist reasonably believes is likely to result in death or substantial bodily harm. .	See <i>Lee v. Corregedore</i> 925 P.2d 324 for interpretation.
Idaho	Idaho Code §§ 6-1901 & 6-1902	Mental Health Professionals As used in this chapter "mental health professional" means: (1) A physician licensed pursuant to chapter 18, title 54 , Idaho Code; (2) A professional counselor licensed pursuant to chapter 34, title 54 , Idaho Code; (3) A psychologist licensed pursuant to chapter 23, title 54 , Idaho Code; (4) A social worker licensed pursuant to chapter 32, title 54 , Idaho Code; or (5) A licensed professional nurse licensed pursuant to chapter 14, title 54 , Idaho Code. History:	A mental health professional has a duty to warn a victim if a patient has communicated to the mental health professional an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable victim or victims, and the patient has the apparent intent and ability to carry out such a threat.	
	Idaho Code § 6-1903		(1) The duty to warn arises only under the limited circumstances specified in section 6-1902 , Idaho Code. The duty to warn a clearly identifiable victim shall be discharged when the mental health professional has made a reasonable effort to communicate, in a reasonable timely manner, the threat to the victim and has notified the law enforcement agency closest to the patient's or victim's residence of the threat of violence, and has supplied a requesting law enforcement agency with any information he has concerning the threat of violence. If the victim is a minor, in addition to notifying the appropriate law enforcement agency as required in this subsection, the mental health professional shall make a reasonable effort to communicate the threat to the victim's custodial parent, noncustodial parent, or legal guardian. (2) The provisions of this section do not limit or affect the mental health professional's duty to report child abuse or neglect in accordance with section 16-1605 , Idaho Code.	
Illinois	Ill. Rev. State. Ch. 225 §107/75	Licensed Professional Counselor or Licensed Clinical Professional Counselor	(a) No licensed professional counselor or licensed clinical professional counselor shall disclose any information acquired from persons consulting the counselor in a professional capacity, except that which may be voluntarily disclosed under the following circumstances: ... (4) When a communication reveals the intended commission of a crime or harmful act and such disclosure is judged necessary by the licensed professional counselor or licensed clinical professional counselor to protect any person from a clear, imminent risk of serious mental or physical harm or injury, or to forestall a serious threat to the public safety;	

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	Ill. Rev. Stat. Ch. 225 §20/16	Licensed Clinical Social Worker or Licensed Social Worker	1. No licensed clinical social worker or licensed social worker shall disclose any information acquired from persons consulting the social worker in a professional capacity, except that which may be voluntarily disclosed under the following circumstances: d) When a communication reveals the intended commission of a crime or harmful act and such disclosure is judged necessary by the licensed clinical social worker or licensed social worker to protect any person from a clear, imminent risk of serious mental or physical harm or injury, or to forestall a serious threat to the public safety;
	Ill Rev. State Ch. 225 § 55.70	Licensed Marriage and Family Therapist or Associate Licensed Marriage and Family Therapist	No licensed marriage and family therapist or associate licensed marriage and family therapist shall disclose any information acquired from persons consulting the marriage and family therapist or associate licensed marriage and family therapist in a professional capacity, except that which may be voluntarily disclosed under the following circumstances: (4) When a communication reveals the intended commission of a crime or harmful act and the disclosure is judged necessary by the licensed marriage and family therapist or associate licensed marriage and family therapist to protect any person from a clear, imminent risk of serious mental or physical harm or injury, or to forestall a serious threat to the public safety
	Ill. Rev. Stat. Ch. 405 § 5/6-103	Physician, Clinical Psychologist, or Qualified Examiner.	Any physician, clinical psychologist, or qualified examiner is immune from failure to warn or protect from a patient's threatened or actual violent behavior except where the patient has communicated a serious threat of physical violence against a reasonably identifiable victim or victims. This duty can be discharged by making a reasonable effort to communicate the threat to the victim or to a law enforcement agency, or to hospitalize the patient.
	Ill. Rev. Stat. Ch. 740 § 110/1 & 110/11 (Mental Health and Developmental Disabilities Confidentiality Act)	"Therapist" means a psychiatrist, physician, psychologist, social worker, or nurse providing mental health or developmental disabilities services or any other person not prohibited by law from providing such services or from holding himself out as a therapist if the recipient reasonably believes that such person is permitted to do so. Therapist includes any successor of the therapist. Therapist	Records and communications may be disclosed: ... (ii) when, and to the extent, a therapist, in his or her sole discretion, determines that disclosure is necessary to initiate or continue civil commitment or involuntary treatment proceedings under the laws of this State or to otherwise protect the recipient or other person against a clear, imminent risk of serious physical or mental injury or disease or death being inflicted upon the recipient or by the recipient on himself or another; ... (viii) when, and to the extent, in the therapist's sole discretion, disclosure is necessary to warn or protect a specific individual against whom a recipient has made a specific threat of violence where there exists a therapist-recipient relationship or a special recipient-individual relationship;
Indiana	IN Code § 25-23.6-1-3.8 & 25-23.6-6-1	Counselor" refers to a social worker, a clinical social worker, a marriage and family therapist, a mental health counselor, an addiction counselor, or a clinical addiction counselor who is licensed under this article.	Sec. 1. Matters communicated to a counselor in the counselor's official capacity by a client are privileged information and may not be disclosed by the counselor to any person, except under the following circumstances: (2) If the communication reveals the contemplation or commission of a crime or a serious harmful act.
	Ind. Code § 25-33-1-17	Psychologist	A psychologist licensed under this article may not disclose any information acquired from persons with whom the psychologist has dealt in a professional capacity, except under the following circumstances: (1) Trials for homicide when the disclosure relates directly to the fact or immediate circumstances of said homicide. ... (6) Circumstances under which privileged communication is abrogated under the laws of Indiana.
Iowa	Iowa Code §§ 228.2 228.6 & 228.7A .	Mental Health Professional	Sec. 2. 1. Except as specifically authorized in subsection 4, section 228.3, 228.5, 228.6, 228.7, or 228.8, or for the purposes of care coordination as defined in section 135D.2 if not otherwise restricted by federal law or regulation, a mental health professional, data collector, or employee or agent of a mental health professional, of a data collector, or of or for a mental health facility shall not disclose or permit the disclosure of mental health information. Sec. 6. ... 3. Mental health information may be disclosed by a mental health professional if and to the extent necessary, to initiate or complete civil commitment proceedings under chapter 229. Sec. 7A. 1. Mental health information relating to an individual may be disclosed by a mental health professional, at the minimum consistent with applicable laws and standards of ethical conduct, to a law enforcement professional if all of the following apply: a. The disclosure is made in good faith. b. The disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of the individual or to a clearly identifiable victim or victims. c. The individual has the apparent intent and ability to carry out the threat. 2. A mental health professional shall not be held criminally or civilly liable for failure to disclose mental health information relating to an individual to a law enforcement professional except in circumstances where the individual has communicated to the mental health professional an imminent threat of physical violence against the individual's self or against a clearly identifiable victim or victims. 3. A mental health professional discharges the professional's duty to disclose pursuant to subsection 1 by making reasonable efforts to communicate the threat to a law enforcement professional.

See *Anthony v. State* 374 N.W.2d 662 for statement of the standard of duty to protect in the state of Iowa -

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Kansas	No statute.	N/A	acceptance of the Thompson standard "the duty to warn depends upon and arises from the existence of a prior threat to a specific identifiable victim."
Kentucky	Ky. Rev. Stat. §202A.400	<p>(a) "Mental health professional" means:</p> <ol style="list-style-type: none"> 1. A physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in conducting mental health services; 2. A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States engaged in conducting mental health services; 3. A psychologist, a psychological practitioner, a certified psychologist, or a psychological associate, licensed under the provisions of KRS Chapter 319; 4. A registered nurse licensed under the provisions of KRS Chapter 314 engaged in providing mental health services; 5. A licensed clinical social worker licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 engaged in providing mental health services; 6. A marriage and family therapist licensed under the provisions of KRS 335.300 to 335.399 engaged in providing mental health services; 7. A professional counselor credentialed under the provisions of KRS Chapter 335.500 to 335.599 engaged in providing mental health services; 8. An art therapist certified under KRS 309.130 engaged in providing mental health services; or 9. A pastoral counselor licensed under the provisions of KRS 335.600 to 335.699 engaged in providing mental health services; . 	<p>(1) No monetary liability and no cause of action shall arise against any mental health professional for failing to predict, warn of or take precautions to provide protection from a patient's violent behavior, unless the patient has communicated to the mental health professional an actual threat of physical violence against a clearly identified or reasonably identifiable victim, or unless the patient has communicated to the mental health professional an actual threat of some specific violent act.</p> <p>(2) The duty to warn of or to take reasonable precautions to provide protection from violent behavior arises only under the limited circumstances specified in subsection (1) of this section. The duty to warn a clearly or reasonably identifiable victim shall be discharged by the mental health professional if reasonable efforts are made to communicate the threat to the victim, and to notify the police department closest to the patient's and the victim's residence of the threat of violence. When the patient has communicated to the mental health professional an actual threat of some specific violent act and no particular victim is identifiable, the duty to warn has been discharged if reasonable efforts are made to communicate the threat to law enforcement authorities. The duty to take reasonable precaution to provide protection from violent behavior shall be satisfied if reasonable efforts are made to seek civil commitment of the patient under this chapter.</p> <p>(3) No monetary liability and no cause of action shall arise against any mental health professional for confidences disclosed to third parties in an effort to discharge a duty arising under subsection (1) of this section according to the provisions of subsection (2) of this section..</p>
	Ky. Rev. Stat. §§ 645.020 & 645.270 "Mental Health Act"	<p>645.020 (7) "Mental health professional" means:</p> <ol style="list-style-type: none"> (a) A physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in conducting mental health services; (b) A psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States engaged in conducting mental health services; (c) A psychologist, a psychological practitioner, a certified psychologist, or a psychological associate, licensed under the provisions of KRS Chapter 319; (d) A registered nurse licensed under the provisions of KRS Chapter 314 engaged in providing mental health services; (e) A licensed clinical social worker licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 engaged in providing mental health services; (f) A marriage and family therapist licensed under the provisions of KRS 335.300 to 335.399 engaged in providing mental health services; (g) A professional counselor credentialed under the provisions of KRS Chapter 335.500 to 335.599 engaged in providing mental health services; (h) An art therapist certified under KRS 309.130 engaged in providing mental health services; or (i) A pastoral counselor licensed under the provisions of KRS 335.600 to 335.699 engaged in providing mental health services;. 	<p>645.270. (1) No monetary liability and no cause of action shall arise against any mental health professional or person serving in a counselor role for failing to predict, warn or take precautions to provide protection from a patient's violent behavior, unless the patient has communicated to the mental health professional or person serving in a counselor role an actual threat of physical violence against a clearly identified or reasonably identified victim, or unless the patient has communicated to the mental health professional or other person serving in a counselor role an actual threat of some specific violent act.</p> <p>(2) The duty to warn of or to take reasonable precautions to provide protection from violent behavior arises only under limited circumstances specified in subsection (1) of this section. The duty to warn a clearly or reasonably identifiable victim shall be discharged by the mental health professional or person serving in a counselor role if reasonable efforts are made to communicate the threat to the victim and to notify the law enforcement office closest to the patient's and the victim's residence of the threat of violence. If the patient has communicated to the mental health professional or person serving in a counselor role an actual threat of some specific violent act and no particular victim is identifiable, the duty to warn has been discharged if reasonable efforts are made to communicate the threat to law enforcement authorities. The duty to take reasonable precautions to provide protection from violent behavior shall be satisfied if reasonable efforts are made to seek civil commitment of the child under KRS Chapter 645.</p> <p>(3) No monetary liability and no cause of action shall arise against any mental health professional or person serving in a counselor role for confidences disclosed to third parties in an effort to discharge a duty arising under this section.</p>
	201 Kentucky Administrative Regulations (KAR) 26:145. Board of Examiners of	Psychologists	Section 8.[7.] Protecting the Confidentiality of Clients. General. The credential holder shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional services. Except as provided in this section, the credential holder shall obtain the informed written consent of the client prior to disclosing confidential information.

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	Psychology Code of conduct.		(2) Disclosure without informed written consent. The credential holder shall disclose confidential information without the informed consent of the client if the credential holder has a duty to warn an intended victim of the client's threat of violence pursuant to KRS 202A.400 or 645.270.
	201 KAR		
	201 KAR 43:040	Behavior Analysts	Section 7. Protecting the Confidentiality of Clients. (1) General. The behavior analyst shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional services. Except as provided in this section, the behavior analyst shall obtain the informed written consent of the client prior to disclosing confidential information. (2) Disclosure without informed written consent. The behavior analyst shall disclose confidential information without the informed consent of the client if the behavior analyst has a duty to warn an intended victim of the client's threat of violence pursuant to KRS 202A.400 or 645.270.
Louisiana	La. Rev. Stat. Ann. §2800.2	Psychologists, Psychiatrists, Marriage and Family Therapists, Licensed Professional Counselors, and Social Workers.	A. When a patient has communicated a threat of physical violence, which is deemed to be significant in the clinical judgment of the treating psychologist or psychiatrist, or marriage and family therapist, or licensed professional counselor, or social worker, against a clearly identified victim or victims, coupled with the apparent intent and ability to carry out such threat, the psychologist, licensed under R.S. 37:2351 through 2369, the medical psychologist, licensed under R.S. 37:1360.51 through 1360.72, the psychiatrist, licensed under R.S. 37:1261 through 1291, or the social worker, credentialed under R.S. 37:2701 through 2723, treating such patient and exercising reasonable professional judgment, shall not be liable for a breach of confidentiality for warning of such threat or taking precautions to provide protection from the patient's violent behavior. B. A psychologist's, psychiatrist's, or marriage and family therapist, or licensed professional counselor, or social worker's duty to warn or to take reasonable precautions to provide protection from violent behavior arises only under the circumstance specified in Subsection A of this Section. This duty shall be discharged by the psychologist, psychiatrist, or marriage and family therapist, or licensed professional counselor, or social worker if the treating professional makes a reasonable effort to communicate the threat to the potential victim or victims and to notify law enforcement authorities in the vicinity of the patient's or potential victim's residence. C. No liability or cause of action shall arise against any psychologist, psychiatrist, or marriage and family therapist, or licensed professional counselor, or social worker based on an invasion of privacy or breach of confidentiality for any confidence disclosed to a third party in an effort to discharge the duty arising under Subsection A of this Section.
Maine	34B Maine Revised Statutes §§ 1207.6, 6A, 7, 8	Licensed Mental Health Professional, (not defined in statute)	6. Duty to provide information. 6-A. Disclosure of danger. A licensed mental health professional shall disclose protected health information that the professional believes is necessary to avert a serious and imminent threat to health or safety when the disclosure is made in good faith to any person, including a target of the threat, who is reasonably able to prevent or minimize the threat. 7. Disclosure to law enforcement. A licensed mental health professional shall disclose protected health information when the disclosure is made in good faith for a law enforcement purpose to a law enforcement officer if the conditions, as applicable, are met as described in 45 Code of Federal Regulations, Section 164.512(f) (2008). 8. Disclosure of knowledge of firearms. A licensed mental health professional shall notify law enforcement when the notification is made in good faith that the licensed mental health professional has reason to believe that a person committed to a state mental health institute has access to firearms.
Maryland	Md. Courts & Judicial Proceedings Code Ann. §5-609	(3) "Mental health care provider" means: (i) A mental health care provider licensed under the Health Occupations Article; and (ii) Any facility, corporation, partnership, association, or other entity that provides treatment or services to individuals who have mental disorders .	(b) A cause of action or disciplinary action may not arise against any mental health care provider or administrator for failing to predict, warn of, or take precautions to provide protection from a patient's violent behavior unless the mental health care provider or administrator knew of the patient's propensity for violence and the patient indicated to the mental health care provider or administrator, by speech, conduct, or writing, of the patient's intention to inflict imminent physical injury upon a specified victim or group of victims. (c) (1) The duty to take the actions under paragraph (2) of this subsection arises only under the limited circumstances described under subsection (b) of this section. (2) The duty described under this section is deemed to have been discharged if the mental health care provider or administrator makes reasonable and timely efforts to: (i) Seek civil commitment of the patient; (ii) Formulate a diagnostic impression and establish and undertake a documented treatment plan calculated to eliminate the possibility that the patient will carry out the threat; or (iii) Inform the appropriate law enforcement agency and, if feasible, the specified victim or victims of: 1. The nature of the threat; 2. The identity of the patient making the threat; and 3. The identity of the specified victim or victims. (d) No cause of action or disciplinary action may arise under any patient confidentiality act against a mental health care provider or administrator for confidences disclosed or not disclosed in good faith to third parties in an effort to discharge a duty arising under this section according to the provisions of subsection (c) of this section.

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Massachusetts	Mass. Gen. Laws Ann. Ch. 123 §§ 1 & 36B	Sec. 1. "Licensed mental health professional" is any person who holds himself out to the general public as one providing mental health services and who is required pursuant to such practice to obtain a license from the commonwealth.	<p>Section 1: Reasonable precautions", any licensed mental health professional shall be deemed to have taken reasonable precautions, as that term is used in Sec. 36B, if such professional makes reasonable efforts to take one or more of the following actions as would be taken by a reasonably prudent member of his profession under the same or similar circumstances:—</p> <ul style="list-style-type: none"> (a) communicates a threat of death or serious bodily injury to the reasonably identified victim or victims; (b) notifies an appropriate law enforcement agency in the vicinity where the patient or any potential victim resides; (c) arranges for the patient to be hospitalized voluntarily; (d) takes appropriate steps, within the legal scope of practice of his profession, to initiate proceedings for involuntary hospitalization <p>Section 36B. (1) There shall be no duty owed by a licensed mental health professional to take reasonable precautions to warn or in any other way protect a potential victim or victims of said professional's patient, and no cause of action imposed against a licensed mental health professional for failure to warn or in any other way protect a potential victim or victims of such professional's patient unless:</p> <ul style="list-style-type: none"> (a) the patient has communicated to the licensed mental health professional an explicit threat to kill or inflict serious bodily injury upon a reasonably identified victim or victims and the patient has the apparent intent and ability to carry out the threat, and the licensed mental health professional fails to take reasonable precautions as that term is defined in section one; or (b) the patient has a history of physical violence which is known to the licensed mental health professional and the licensed mental health professional has a reasonable basis to believe that there is a clear and present danger that the patient will attempt to kill or inflict serious bodily injury against a reasonably identified victim or victims and the licensed mental health professional fails to take reasonable precautions as that term is defined by said section one. Nothing in this paragraph shall be construed to require a mental health professional to take any action which, in the exercise of reasonable professional judgment, would endanger such mental health professional or increase the danger to potential victim or victims. <p>(2) Whenever a licensed mental health professional takes reasonable precautions, as that term is defined in section one of chapter one hundred and twenty-three, no cause of action by the patient shall lie against the licensed mental health professional for disclosure of otherwise confidential communications.</p>
Michigan	Mich. Comp. Laws § 330.1946 (Mental Health Code)	Mental Health Professionals, i.e., psychiatrists, psychologists, certified social workers, social workers, social worker technicians, professional counselors, marriage and family therapists, and music therapists	<p>(1) If a patient communicates to a mental health professional who is treating the patient a threat of physical violence against a reasonably identifiable third person and the recipient has the apparent intent and ability to carry out that threat in the foreseeable future, the mental health professional has a duty to take action as prescribed in subsection (2). Except as provided in this section, a mental health professional does not have a duty to warn a third person of a threat as described in this subsection or to protect the third person.</p> <p>(2) A mental health professional has discharged the duty created under subsection (1) if the mental health professional, subsequent to the threat, does 1 or more of the following in a timely manner:</p> <ul style="list-style-type: none"> (a) Hospitalizes the patient or initiates proceedings to hospitalize the patient under chapter 4 or 4a. (b) Makes a reasonable attempt to communicate the threat to the third person and communicates the threat to the local police department or county sheriff for the area where the third person resides or for the area where the patient resides, or to the state police. (c) If the mental health professional has reason to believe that the third person who is threatened is a minor or is incompetent by other than age, takes the steps set forth in subdivision (b) and communicates the threat to the department of social services in the county where the minor resides and to the third person's custodial parent, noncustodial parent, or legal guardian, whoever is appropriate in the best interests of the third person. <p>(3) If a patient described in subsection (1) is being treated through team treatment in a hospital, and if the individual in charge of the patient's treatment decides to discharge the duty created in subsection (1) by a means described in subsection (2)(b) or (c), the hospital shall designate an individual to communicate the threat to the necessary persons.</p> <p>(4) A mental health professional who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 750. A psychiatrist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate the physician-patient privilege established under section 2157 of the revised judiciary act of 1961, Act No. 236 of the Public Acts of 1961, being section 600.2157 of the Michigan Compiled Laws. A psychologist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 18237 of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.18237 of the Michigan Compiled Laws. A certified social worker, social worker, or social worker technician who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 1610 of the occupational code, Act No. 299 of the Public Acts of 1980, being section 339.1610 of the Michigan Compiled Laws. A licensed professional counselor who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 18117 of the public health code, Act No. 368 of the Public Acts of 1978, being section 333.18117 of the Michigan Compiled Laws. A marriage and family therapist who determines in good faith that a particular situation presents a duty under this section and who complies with the duty does not violate section 1509 of the occupational code, Act No. 299 of the Public Acts of 1980, being section 339.1509 of the Michigan Compiled Laws. A music therapist who determines in good faith that a particular situation presents a duty under this section and who complies with this duty does not violate section 4.11 of the professional code of ethics of the National Association for Music Therapy, Inc., or the clinical relationships section of the code of ethics of the certification board for music therapists.</p> <p>(5) This section does not affect a duty a mental health professional may have under any other section of law.</p>

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<p>Minnesota</p>	<p>Minn. Stat. §148.975</p>	<p>Psychologists and psychology students, predoctoral psychology interns, and individuals who have earned a doctoral degree in psychology and are in the process of completing their postdoctoral supervised psychological</p>	<p>Subdivision 1. Definitions. (a) The definitions in this subdivision apply to this section. (b) "Other person" means an immediate family member or someone who personally knows the client and has reason to believe the client is capable of and will carry out the serious, specific threat of harm to a specific, clearly identified or identifiable victim. (c) "Reasonable efforts" means communicating the serious, specific threat to the potential victim and if unable to make contact with the potential victim, communicating the serious, specific threat to the law enforcement agency closest to the potential victim or the client. (d) For purposes of this section, "licensee" includes practicum psychology students, predoctoral psychology interns, and individuals who have earned a doctoral degree in psychology and are in the process of completing their postdoctoral supervised psychological employment in order to qualify for licensure. Subd. 2. Duty to warn. The duty to predict, warn of, or take reasonable precautions to provide protection from, violent behavior arises only when a client or other person has communicated to the licensee a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the licensee if reasonable efforts, as defined in subdivision 1, paragraph (c), are made to communicate the threat. Subd. 3. Liability standard. If no duty to warn exists under subdivision 2, then no monetary liability and no cause of action may arise against a licensee for failure to predict, warn of, or take reasonable precautions to provide protection from, a client's violent behavior. Subd. 4. Disclosure of confidences. Good faith compliance with the duty to warn shall not constitute a breach of confidence and shall not result in monetary liability or a cause of action against the licensee. Subd. 5. Continuity of care. Nothing in subdivision 2 shall be construed to authorize a licensee to terminate treatment of a client as a direct result of a client's violent behavior or threat of physical violence unless the client is referred to another practitioner or appropriate health care facility. Subd. 6. Exception. This section does not apply to a threat to commit suicide or other threats by a client to harm the client, or to a threat by a client who is adjudicated mentally ill and dangerous under chapter 253B. Subd. 7. Optional disclosure. Nothing in section 148.975 shall be construed to prohibit a licensee from disclosing confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat to commit suicide for which a duty to warn does not arise. §Subd. 8. Limitation on liability. No monetary liability and no cause of action, or disciplinary action by the board may arise against a licensee for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat of suicide for which a duty to warn does not arise.</p>
	<p>Min. Stat. §148B.391</p>	<p>Marriage and Family Therapists</p>	<p>Definitions. (a) The definitions in this subdivision apply to this section. (b) "Other person" means an immediate family member or someone who personally knows the client and has reason to believe the client is capable of and will carry out the serious, specific threat of harm to a specific, clearly identified or identifiable victim. (c) "Reasonable efforts" means communicating the serious, specific threat to the potential victim and if unable to make contact with the potential victim, communicating the serious, specific threat to the law enforcement agency closest to the potential victim or the client. (d) For purposes of this section, "licensee" includes students or interns practicing marriage and family therapy under qualified supervision as part of an accredited educational program or under a supervised postgraduate experience in marriage and family therapy required for licensure. Subd. 2. Duty to warn. The duty to predict, warn of, or take reasonable precautions to provide protection from, violent behavior arises only when a client or other person has communicated to the licensee a specific, serious threat of physical violence against a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the licensee if reasonable efforts are made to communicate the threat. Subd. 3. Liability standard. If no duty to warn exists under subdivision 2, then no monetary liability and no cause of action may arise against a licensee for failure to predict, warn of, or take reasonable precautions to provide protection from, a client's violent behavior. Subd. 4. Disclosure of confidences. Good faith compliance with the duty to warn shall not constitute a breach of confidence and shall not result in monetary liability or cause of action against the licensee. Subd. 5. Continuity of care. Nothing in subdivision 2 shall be construed to authorize a licensee to terminate treatment of a client as a direct result of a client's violent behavior or threat of physical violence unless the client is referred to another practitioner or appropriate health care facility. Subd. 6. Exception. This section does not apply to a threat to commit suicide or other threats by a client to harm the client, or to a threat by a client who is adjudicated mentally ill and dangerous under chapter 253B. Subd. 7. Optional disclosure. Nothing in this section shall be construed to prohibit a licensee from disclosing confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat to commit suicide for which a duty to warn does not arise. §Subd. 8. Limitation on liability. No monetary liability and no cause of action, or disciplinary action by the board may arise against a licensee for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat of suicide for which a duty to warn does not arise.</p>

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	Minn. Stat. §§ 148E.230 & 240	Social workers	Sec. 230. Subd. 5.(a) A social worker may disclose client information specified in subdivision 3, paragraph (a), without the written consent of the client or the client's legal representative only under the following circumstances or under the circumstances described in paragraph (b): (1) when mandated or authorized by federal or state law, including the mandatory reporting requirements under the duty to warn, maltreatment of minors, and vulnerable adult laws specified in section 148E.240, subdivisions 6 to 8. Sec. 240. Subd. 6. (a) A licensee must comply with the duty to warn established by section 148.975.	
	Minn. Stat § 148F.13	Alcohol and drug counselors	Subd. 2.Duty to warn; limitation on liability. (a) Private information may be disclosed without the consent of the client when a duty to warn arises, or as otherwise provided by law or court order. The duty to warn of, or take reasonable precautions to provide protection from, violent behavior arises only when a client or other person has communicated to the provider a specific, serious threat of physical violence to self or a specific, clearly identified or identifiable potential victim. If a duty to warn arises, the duty is discharged by the provider if reasonable efforts are made to communicate the threat to law enforcement agencies, the potential victim, the family of the client, or appropriate third parties who are in a position to prevent or avert the harm. No monetary liability and no cause of action or disciplinary action by the board may arise against a provider for disclosure of confidences to third parties, for failure to disclose confidences to third parties, or for erroneous disclosure of confidences to third parties in a good faith effort to warn against or take precautions against a client's violent behavior or threat of suicide. (b) For purposes of this subdivision, "provider" includes alcohol and drug counseling practicum students and individuals who are participating in a post-degree professional practice in alcohol and drug counseling. "Other person" and "reasonable efforts" have the meanings given in section 148B.593, paragraph (d).	
Mississippi	Miss. Code Ann. § 41-21-97	Physicians, Psychologists, Licensed Master Social Workers or Licensed Professional Counselors.	The hospital records of and information pertaining to patients at treatment facilities or patients being treated by physicians, psychologists (as defined in Section 73-31-3(e)), licensed master social workers or licensed professional counselors shall be confidential and shall be released only... (e) when the patient has communicated to the treating physician, psychologist (as defined in Section 73-31-3(e)), master social worker or licensed professional counselor an actual threat of physical violence against a clearly identified or reasonably identifiable potential victim or victims, and then the treating physician, psychologist (as defined in Section 73-31-3(e)), master social worker or licensed professional counselor may communicate the threat only to the potential victim or victims, a law enforcement agency, or the parent or guardian of a minor who is identified as a potential victim.	
Missouri	Mo. Rev. Stat. §632.300	Under civil detention law, Mental Health Coordinators" who have knowledge of the laws relating to hospital admissions and civil commitment and who is authorized by the director of the department, or his designee, to serve a designated geographic area or mental health facility and who has the powers, duties and responsibilities provided in this chapter;	632.300. Procedure when a likelihood of serious harm is alleged. — 1. When a mental health coordinator receives information alleging that a person, as the result of a mental disorder, presents a likelihood of serious harm to himself or others, he shall: (1) Conduct an investigation; (2) Evaluate the allegations and the data developed by investigation; and (3) Evaluate the reliability and credibility of all sources of information. 2. If, as the result of personal observation or investigation, the mental health coordinator has reasonable cause to believe that such person is mentally disordered and, as a result, presents a likelihood of serious harm to himself or others, the mental health coordinator may file an application with the court having probate jurisdiction pursuant to the provisions of section 632.305; provided, however, that should the mental health coordinator have reasonable cause to believe, as the result of personal observation or investigation, that the likelihood of serious harm by such person to himself or others as a result of a mental disorder is imminent unless the person is immediately taken into custody, the mental health coordinator shall request a peace officer to take or cause such person to be taken into custody and transported to a mental health facility in accordance with the provisions of subsection 3 of section 632.305.	See also <i>Virgin v. Hopewell Center discussing Bradley v. Ray</i> (66 S.W.3d 21) for common law duty to warn. The existence of a duty to warn rests on several factors. Those factors include the public policy of Missouri in preventing the harm alleged, the foreseeability of the potential harm and the ability to protect against it, the moral blame associated with the harm, and the societal costs to the "actor and the community." The right to sue for failure to warn extends only to identifiable potential victims and not the community at large. Discharging the duty to warn may be as simple as a telephone call to the police or other appropriate authority, and the object of the threat.
Montana	Mont. Code Ann. § 27-1-1101 through 1103	Mental Health Professionals, including (1) a certified professional person as defined in 53-21-106; (2) a physician licensed under Title 37, chapter 3; (3) a professional counselor licensed under Title 37, chapter 23; (4) a psychologist licensed under Title 37, chapter 17; (5) a social worker licensed under Title 37, chapter 22; or (6) an advanced practice registered nurse, as provided for in 37-8-202, with a clinical specialty in psychiatric mental health nursing.	Sec. 1102. A mental health professional has a duty to warn of or take reasonable precautions to provide protection from violent behavior only if the patient has communicated to the mental health professional an actual threat of physical violence by specific means against a clearly identified or reasonably identifiable victim. The duty is discharged by a mental health professional if the mental health professional has: (1) made reasonable efforts to communicate the threat to the victim and notify the law enforcement agency closest to the patient's or the victim's residence of the threat of violence; and (2) supplied a requesting law enforcement agency with any information the mental health professional has concerning the threat of violence. Sec. 1103. (1) No monetary liability and no cause of action may arise against any mental health professional for failing to predict, warn of, or take precautions to provide protection from a patient's threatened violent behavior unless the mental health professional has a duty to warn of violent behavior, as provided in 27-1-1102. (2) No monetary liability and no cause of action may arise against any mental health professional for disclosing confidential or privileged information in an effort to discharge a duty arising under 27-1-1102.	
	Mont. Code Ann. § 37-22-401	Social Workers	A licensee may not disclose any information the licensee acquires from clients consulting the licensee in a professional capacity except... (2) that the licensee need not treat as confidential a communication otherwise confidential that reveals the contemplation of a crime by the client or any other person or that in the licensee's professional opinion reveals a threat of imminent harm to the client or others;	

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	Mont. Code Ann. § 37-23-301	Professional Counselors	A licensee may not disclose any information the licensee acquires from clients consulting the licensee in a professional capacity except: (2) that the licensee need not treat as confidential a communication otherwise confidential that reveals the contemplation of a crime by the client or any other person or that in the licensee's professional opinion reveals a threat of imminent harm to the client or others;
	Mont. Code Ann. § 37-38-106	Peer Support Specialists	(a) (2) A certified behavioral health peer support specialist may not disclose any information the peer support specialist acquires from an individual to whom the peer support specialist provides behavioral health peer support except: ... (b) when a communication that otherwise would be confidential reveals that the individual or another person is contemplating the commission of a crime or in the behavioral health peer support specialist's professional opinion reveals a threat of imminent harm to the individual or others;
Nebraska	Neb. Rev. Stat. § 31-3131	Psychologists	(1) No monetary liability and no cause of action shall arise against any psychologist for failing to warn of and protect from a client's or patient's threatened violent behavior or failing to predict and warn of and protect from a client's or patient's violent behavior except when the client or patient has communicated to the psychologist a serious threat of physical violence against a reasonably identifiable victim or victims. (2) The duty to warn of or to take reasonable precautions to provide protection from violent behavior shall arise only under the limited circumstances specified in subsection (1) of this section. The duty shall be discharged by the psychologist if reasonable efforts are made to communicate the threat to the victim or victims and to a law enforcement agency.
	Neb. Rev. Stat. §§ 38-2116, 38-2136 & 38-2137	Mental Health Practitioners, a person who holds himself or herself out as a person qualified to engage in mental health practice or a person who offers or renders mental health practice services (not a physician or psychologist, but may be a social worker)	Sec. 38-2136. No person licensed or certified pursuant to the Mental Health Practice Act shall disclose any information he or she may have acquired from any person consulting him or her in his or her professional capacity except: (4) When there is a duty to warn under the limited circumstances set forth in section 38-2137 . Sec. 38-2137(1) There shall be no monetary liability on the part of, and no cause of action shall arise against, any person who is licensed or certified pursuant to the Mental Health Practice Act for failing to warn of and protect from a patient's threatened violent behavior or failing to predict and warn of and protect from a patient's violent behavior except when the patient has communicated to the mental health practitioner a serious threat of physical violence against himself, herself, or a reasonably identifiable victim or victims. (2) The duty to warn of or to take reasonable precautions to provide protection from violent behavior shall arise only under the limited circumstances specified in subsection (1) of this section. The duty shall be discharged by the mental health practitioner if reasonable efforts are made to communicate the threat to the victim or victims and to a law enforcement agency.
Nevada	Nev. Stat. § 629.550.	.Mental Health Professional, including, a physician or psychiatrist, a psychologist, a social worker, a registered psychiatric nurse, a marriage and family therapist, a clinical professional counselor, a Federal government employee working as an alcohol and drug counselor or clinical alcohol and drug counselor	1. If a patient communicates to a mental health professional an explicit threat of imminent serious physical harm or death to a clearly identified or identifiable person and, in the judgment of the mental health professional, the patient has the intent and ability to carry out the threat, the mental health professional shall apply for the emergency admission of the patient to a mental health facility pursuant to NRS 433A.160 or make a reasonable effort to communicate the threat in a timely manner to: (a) The person who is the subject of the threat; (b) The law enforcement agency with the closest physical location to the residence of the person; and (c) If the person is a minor, the parent or guardian of the person. 2. A mental health professional shall be deemed to have made a reasonable effort to communicate a threat pursuant to subsection 1 if: (a) The mental health professional actually communicates the threat in a timely manner; or (b) The mental health professional makes a good faith attempt to communicate the threat in a timely manner and the failure to actually communicate the threat in a timely manner does not result from the negligence or recklessness of the mental health professional. 3. A mental health professional who exercises reasonable care in determining that he or she: (a) Has a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for disclosing confidential or privileged information. (b) Does not have a duty to take an action described in subsection 1 is not subject to civil or criminal liability or disciplinary action by a professional licensing board for any damages caused by the actions of a patient. 4. The provisions of this section do not: (a) Limit or affect the duty of the mental health professional to report child abuse or neglect pursuant to NRS 432B.220 or the commercial sexual exploitation of a child pursuant to NRS 432C.110; or (b) Modify any duty of a mental health professional to take precautions to prevent harm by a patient: (1) Who is in the custody of a hospital or other facility where the mental health professional is employed; or (2) Who is being discharged from such a facility.
New Hampshire	N.H. Rev. Stat. Ann. § 329-B:29	Licensed Psychologists	I. Any person licensed under this chapter has a duty to warn of, or to take reasonable precautions to provide protection from, a client or patient's violent behavior when the client or patient has communicated to such licensee a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property.

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			<p>II. The duty to warn may be discharged by, and no monetary liability or cause of action shall arise against, any person licensed under this chapter if the licensee makes reasonable efforts to communicate the threat to the victim or victims, notifies the police department closest to the client/patient's or potential victim's residence, or obtains civil commitment of the client or patient to the state mental health system.</p> <p>III. No monetary liability and no cause of action may arise concerning client privacy or confidentiality against any person licensed under this chapter for information disclosed to third parties in an effort to discharge a duty under paragraph II.</p>
N.H. Rev. Stat. Ann. §§ 330-A:2 & 330-A:35	Mental Health Practitioner, defined under § 330-A:2 as a pastoral psychotherapist, clinical social worker, clinical mental health counselor, or marriage and family therapist.		<p>I. Any person licensed under this chapter has a duty to warn of, or to take reasonable precautions to provide protection from, a client's violent behavior when the client has communicated to such licensee a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property.</p> <p>II. The duty may be discharged by, and no monetary liability or cause of action shall arise against, any person licensed under this chapter if the licensee makes reasonable efforts to communicate the threat to the victim or victims, notifies the police department closest to the client's or potential victim's residence, or obtains civil commitment of the client to the state mental health system.</p> <p>III. No monetary liability and no cause of action may arise concerning client privacy or confidentiality against any person licensed under this chapter for information disclosed to third parties in an effort to discharge a duty under paragraph II.</p>
N.H. Rev. Stat. Ann. § 326-B:33	Advanced Practice Registered Nurse		<p>I. A licensee has a duty to warn of, or to take reasonable precautions to provide protection from, a client's violent behavior when the client has communicated to the licensee, a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims or a serious threat of substantial damage to real property.</p> <p>II. A licensee shall discharge the duty either by notifying the licensee's supervisor or the treating provider. A psychiatric APRN shall discharge the duty by making reasonable efforts to communicate the threat to the victim or victims, notifying the police department closest to the client's or potential victim's residence, or obtaining civil commitment of the client to the state mental health system.</p> <p>III. No monetary liability or cause of action based on breach of client privacy, confidentiality, or any other ground shall arise from an act or communication done in a good faith effort to discharge a duty.</p>
N.H. Rev. Stat. Ann. § 329:31	Physicians & Surgeons (Psychiatrists)		<p>I. A physician licensed under this chapter has a duty to warn of, or to take reasonable precautions to provide protection from, a client's violent behavior when the client has communicated to such physician a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property.</p> <p>II. The duty may be discharged by, and no monetary liability or cause of action may arise against, a physician licensed under this chapter if the physician makes reasonable efforts to communicate the threat to the victim or victims, notifies the police department closest to the client's or potential victim's residence, or obtains civil commitment of the client to the state mental health system.</p> <p>III. No monetary liability and no cause of action may arise concerning client privacy or confidentiality against a physician licensed under this chapter for information disclosed to third parties in an effort to discharge a duty under paragraph II.</p> <p>IV. For purposes of this section, "physician" shall include persons providing treatment under the supervision of a physician licensed under this chapter.</p> <p>Source. 1986, 175:1, eff. Jan. 1, 1987.</p>
N.H. Rev. Stat. § 330-C:25	Alcohol and Drug Use Professionals		<p>I. Any person licensed or certified under this chapter has a duty to warn of, or to take reasonable precautions to provide protection from, a client's violent behavior when the client has communicated to such person a serious threat of physical violence against a clearly identified or reasonably identifiable victim or victims, or a serious threat of substantial damage to real property.</p> <p>II. The duty may be discharged by, and no monetary liability or cause of action shall arise against, any person licensed or certified under this chapter if the person makes reasonable efforts to communicate the threat to the victim or victims, notifies the police department closest to the client's or potential victim's residence, or obtains civil commitment of the client to the state mental health system.</p> <p>III. No monetary liability and no cause of action may arise concerning client privacy or confidentiality against any person licensed or certified under this chapter for information disclosed to third parties in an effort to discharge a duty under paragraph II.</p>
New Jersey	N.J. Rev. Stat. §2A:62A-16	A person who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy	<p>1. a. Any person who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy, whether or not compensation is received or expected, is immune from any civil liability for a patient's violent act against another person or against himself unless the practitioner has incurred a duty to warn and protect the potential victim as set forth in subsection b. of this section and fails to discharge that duty as set forth in subsection c. of this section.</p> <p>b. A duty to warn and protect is incurred when the following conditions exist:</p> <p>(1) The patient has communicated to that practitioner a threat of imminent, serious physical violence against a readily identifiable individual or against himself and the circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out the threat; or</p>

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(2) The circumstances are such that a reasonable professional in the practitioner's area of expertise would believe the patient intended to carry out an act of imminent, serious physical violence against a readily identifiable individual or against himself.

A duty to warn and protect shall not be incurred when a qualified terminally ill patient requests medication that the patient may choose to self-administer in accordance with the provisions of P.L.2019, c.59 (C.26:16-1 et al.).

c. A licensed practitioner of psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy shall discharge the duty to warn and protect as set forth in subsection b. of this section by doing one or more of the following:

(1) Arranging for the patient to be admitted voluntarily to a psychiatric unit of a general hospital, a short-term care facility, a special psychiatric hospital, or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

(2) Initiating procedures for involuntary commitment to treatment of the patient to an outpatient treatment provider, a short-term care facility, a special psychiatric hospital, or a psychiatric facility, under the provisions of P.L.1987, c.116 (C.30:4-27.1 et seq.);

(3) Advising a local law enforcement authority of the patient's threat and the identity of the intended victim;

(4) Warning the intended victim of the threat, or, in the case of an intended victim who is under the age of 18, warning the parent or guardian of the intended victim; or

(5) If the patient is under the age of 18 and threatens to commit suicide or bodily injury upon himself, warning the parent or guardian of the patient.

d. A practitioner who is licensed in the State of New Jersey to practice psychology, psychiatry, medicine, nursing, clinical social work, or marriage and family therapy who, in complying with subsection c. of this section, discloses a privileged communication, is immune from civil liability in regard to that disclosure.

e. In addition to complying with subsection c. of this section, a licensed practitioner shall notify the chief law enforcement officer of the municipality in which the patient resides or the Superintendent of State Police if the patient resides in a municipality that does not have a full-time police department that a duty to warn and protect has been incurred with respect to the patient and shall provide to the chief law enforcement officer or superintendent, as appropriate, the patient's name and other non-clinical identifying information. The chief law enforcement officer or superintendent, as appropriate, shall use that information to ascertain whether the patient has been issued a firearms purchaser identification card, permit to purchase a handgun, or any other permit or license authorizing possession of a firearm. ...

New Mexico No statutory law.

In *Wilschinsky v. Medina*, 775 P.2d 713 (N.M. 1989), the New Mexico Supreme Court stated that a health care provider may owe a duty of care to third parties under three circumstances. First, a doctor may be held liable when he exerts control over a patient (duty to control). See *id.* at 715. Second, the *Wilschinsky* court noted, under the line of cases stemming from *Tarasoff v. Regents of University of California*, 551 P.2d 334 (Cal. 1976), a doctor may be held liable if he fails to warn or disclose his patient's threats against a specific, identifiable third party to the authorities or the individual (duty to warn). See *Wilschinsky*, 775 P.2d at 715-16. Finally, the court held that a doctor owes a duty of care to third parties if he has given an outpatient an injection of drugs that could clearly impair the patient's ability to reason and operate a motor vehicle. *Id.* at 716.

... New Mexico has noted that many courts recognize "a duty to warn when a specific, identifiable third party [victim] was known to the doctor," *Wilschinsky*, 775 P.2d at 716, although it does not appear that the state has resolved this question for itself. It is unnecessary to decide the applicability of *Tarasoff* in New Mexico, however, because it is probable that New Mexico would not impose such a duty in any event where the victim was already subjectively aware of the patient's violent tendencies and specific threats.

See *Estate of Eric S. Haar v. Ulwelling* 141 N.M. 252, *Wilschinsky v. Medina* 108 N.M. 511 and *Weitz v. Lovelace Health System* 214 F.3d 1175 for interpretation of New Mexico's Duty to Warn/Protect.

In the control cases, courts have relied upon Section 315 of the Restatement (Second) of Torts to find a special relationship between doctor and patient, which creates a special duty to control that patient's actions. Restatement (Second) of Torts 315 (1965). This doctrine, holding institutions and doctors potentially liable for patients with known "dangerous propensities" has been recognized in New Mexico.

At present, New Mexico law states that the duty to control "must stem from the doctor's control over his offices . . . , not from a duty to control a patient with known dangerous propensities." *Wilschinsky*, 775 P.2d at 715. New Mexico apparently has not established whether a health care provider can owe a duty to third parties arising from control where the individual is being treated on an outpatient basis.³ The strong weight of authority suggests that New Mexico would not find such a duty exists under these circumstances. As the court below aptly noted, at least five states considering the matter have declined to find a duty under similar circumstances. ... In most instances, the relationship a psychiatric outpatient has with the health care provider is less involved than that of an inpatient. In the latter circumstance, the medical professional is typically both responsible for and able to administer almost all aspects of the patient's well-being. By contrast, the outpatient relationship usually requires that the treated individual care for most of his or her daily needs and affords the health care provider only limited opportunity to supervise the patient. As a result, imposing a duty to control in the outpatient context would require providers to exercise a degree of care and oversight that would be practically unworkable. ...

The case law thus supports the proposition that a potential victim's awareness of the specific threats and violent tendencies of an outpatient obviates the health care provider's duty to warn that potential victim.

Kelly v. Board of Trustees, 87 N.M. 112, 529 P.2d 1233 (Ct. App.), cert. denied

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New York	N.Y. Civil Practice Law § 4508	Social worker	<p>a) Confidential information privileged. A person licensed as a licensed master social worker or a licensed clinical social worker under the provisions of article one hundred fifty-four of the education law shall not be required to disclose a communication made by a client, or his or her advice given thereon, in the course of his or her professional employment, nor shall any clerk, stenographer or other person working for the same employer as such social worker or for such social worker be allowed to disclose any such communication or advice given thereon; except:</p> <p>2. that such social worker shall not be required to treat as confidential a communication by a client which reveals the contemplation of a crime or harmful act;</p>
	N.Y. Mental Hygiene Law § 9.46	Mental health professionals, defined as a physician, psychologist, registered nurse, or licensed clinical social worker.	<p>b) Notwithstanding any other law to the contrary, when a mental health professional currently providing treatment services to a person determines, in the exercise of reasonable professional judgment, that such person is likely to engage in conduct that would result in serious harm to self or others, he or she shall be required to report, as soon as practicable, to the director of community services, or the director's designee, who shall report to the division of criminal justice services whenever he or she agrees that the person is likely to engage in such conduct. Information transmitted to the division of criminal justice services shall be limited to names and other non-clinical identifying information, which may only be used for determining whether a license issued pursuant to section 400.00 of the penal law should be suspended or revoked, or for determining whether a person is ineligible for a license issued pursuant to section 400.00 of the penal law, or is no longer permitted under state or federal law to possess a firearm.</p> <p>(c) Nothing in this section shall be construed to require a mental health professional to take any action which, in the exercise of reasonable professional judgment, would endanger such mental health professional or increase the danger to a potential victim or victims.</p> <p>(d) The decision of a mental health professional to disclose or not to disclose in accordance with this section, when made reasonably and in good faith, shall not be the basis for any civil or criminal liability of such mental health professional.</p>
North Carolina	None	N/A	<p>See <i>Gregory v. Kilbride</i>, 565 S.E.2d 685 (2002) specifically not recognizing Tarasoff duty to protect. North Carolina case law does impose a duty to protect third parties where a patient/client is under the clinician's control in a mental health capacity Mobley, A. K., & Naughton, E. (2011). Tarasoff and duty to protect in North Carolina. NC Perspectives, 4, 5-14.)</p>
North Dakota	None	N/A	
Ohio	Ohio Rev. Code Ann. §2305.51A(1)(d) & (e) &	<p>(d)"Mental health professional" means an individual who is licensed, certified, or registered under the Revised Code, or otherwise authorized in this state, to provide mental health services for compensation, remuneration, or other personal gain.</p> <p>(e) "Mental health service" means a service provided to an individual or group of individuals involving the application of medical, psychiatric, psychological, professional counseling, social work, marriage and family therapy, or nursing principles or procedures to either of the following:</p> <p>(i) The assessment, diagnosis, prevention, treatment, or amelioration of mental, emotional, psychiatric, psychological, or psychosocial disorders or diseases, as described in the most recent edition of the diagnostic and statistical manual of mental disorders published by the American psychiatric association;</p> <p>(ii) The assessment or improvement of mental, emotional, psychiatric, psychological, or psychosocial adjustment or functioning, regardless of whether there is a diagnosable, pre-existing disorder or disease.</p>	<p>A mental health professional or mental health organization may be held liable in damages in a civil action, or may be made subject to disciplinary action by an entity with licensing or other regulatory authority over the professional or organization, for serious physical harm or death resulting from failing to predict, warn of, or take precautions to provide protection from the violent behavior of a mental health client or patient, only if the client or patient or a knowledgeable person has communicated to the professional or organization an explicit threat of inflicting imminent and serious physical harm to or causing the death of one or more clearly identifiable potential victims, the professional or organization has reason to believe that the client or patient has the intent and ability to carry out the threat, and the professional or organization fails to take one or more of the following actions in a timely manner:</p> <p>(1) Exercise any authority the professional or organization possesses to hospitalize the client or patient on an emergency basis pursuant to section 5122.10 of the Revised Code;</p> <p>(2) Exercise any authority the professional or organization possesses to have the client or patient involuntarily or voluntarily hospitalized under Chapter 5122. of the Revised Code;</p> <p>(3) Establish and undertake a documented treatment plan that is reasonably calculated, according to appropriate standards of professional practice, to eliminate the possibility that the client or patient will carry out the threat, and, concurrent with establishing and undertaking the treatment plan, initiate arrangements for a second opinion risk assessment through a management consultation about the treatment plan with, in the case of a mental health organization, the clinical director of the organization, or, in the case of a mental health professional who is not acting as part of a mental health organization, any mental health professional who is licensed to engage in independent practice;</p> <p>(4) Communicate to a law enforcement agency with jurisdiction in the area where each potential victim resides, where a structure threatened by a mental health client or patient is located, or where the mental health client or patient resides, and if feasible, communicate to each potential victim or a potential victim's parent or guardian if the potential victim is a minor or has been adjudicated incompetent, all of the following information:</p> <p>(a) The nature of the threat;</p> <p>(b) The identity of the mental health client or patient making the threat;</p> <p>(c) The identity of each potential victim of the threat.</p>
Oklahoma	Okla. Stat. Tit.59 §1376	Psychologists or agents of employees of a psychologist, whether professional, clerical, academic or therapeutic	<p>All communications between a licensed psychologist and the individual with whom the psychologist engages in the practice of psychology are confidential. At the initiation of the professional relationship the psychologist shall inform the patient of the following limitations to the confidentiality of their communications. No psychologist, colleague, agent or employee of any psychologist, whether professional, clerical, academic or therapeutic, shall disclose any</p>

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information acquired or revealed in the course of or in connection with the performance of the psychologist's professional services, including the fact, circumstances, findings or records of such services, except under the following circumstances:

1. Pursuant to the provisions of Section 2503 of Title 12 of the Oklahoma Statutes or where otherwise provided by law;
2. Upon express, written consent of the patient;
3. Upon the need to disclose information to protect the rights and safety of self or others if:
 - a. the patient presents a clear and present danger to himself and refuses explicitly or by behavior to voluntarily accept further appropriate treatment. In such circumstances, where the psychologist has a reasonable basis to believe that a patient can be committed to a hospital pursuant to Section 5-401 of Title 43A of the Oklahoma Statutes, the psychologist shall have a duty to seek commitment. The psychologist may also contact members of the patient's family, or other individuals if in the opinion of the psychologist, such contact would assist in protecting the safety of the patient,
 - b. the patient has communicated to the psychologist an explicit threat to kill or inflict serious bodily injury upon a reasonably identified person and the patient has the apparent intent and ability to carry out the threat. In such circumstances the psychologist shall have a duty to take reasonable precautions. A psychologist shall be deemed to have taken reasonable precautions if the psychologist makes reasonable efforts to take one or more of the following actions:
 - (1) communicates a threat of death or serious bodily injury to the reasonably identified person,
 - (2) notifies an appropriate law enforcement agency in the vicinity where the patient or any potential victim resides,
 - (3) arranges for the patient to be hospitalized voluntarily, or
 - (4) takes appropriate steps to initiate proceedings for involuntary hospitalization pursuant to law,
 - c. the patient has a history of physical violence which is known to the psychologist and the psychologist has a reasonable basis to believe that there is a clear and imminent danger that the patient will attempt to kill or inflict serious bodily injury upon a reasonably identified person. In such circumstances the psychologist shall have a duty to take reasonable precaution. A psychologist shall be deemed to have taken reasonable precautions if the psychologist makes reasonable efforts to take one or more of the following actions:
 - (1) communicates a threat of death or serious bodily injury to the reasonably identified person,
 - (2) notifies an appropriate law enforcement agency in the vicinity where the patient or any potential victim resides,
 - (3) arranges for the patient to be hospitalized voluntarily,
 - (4) takes appropriate steps to initiate proceedings for involuntary hospitalization pursuant to law,
 - d. Nothing contained in subparagraph b of this paragraph shall require a psychologist to take any action which, in the exercise of reasonable professional judgment, would endanger the psychologist or increase the danger to a potential victim or victims, or
 - e. the psychologist shall only disclose that information which is essential in order to protect the rights and safety of others;

Oregon Or. Rev. Stat. §13-21-117 (1) "Mental health provider" means a physician, social worker, psychiatric nurse, psychologist, or other mental health professional, or a mental health hospital, community mental health center or clinic, institution, or their staff.

(2) (a) A mental health provider is not liable for damages in any civil action for failure to warn or protect a specific person or persons, including those identifiable by their association with a specific location or entity, against the violent behavior of a person receiving treatment from the mental health provider, and any such mental health provider must not be held civilly liable for failure to predict such violent behavior except where the patient has communicated to the mental health provider a serious threat of imminent physical violence against a specific person or persons, including those identifiable by their association with a specific location or entity.
 (b) When there is a duty to warn and protect under the provisions of paragraph (a) of this subsection (2), the mental health provider shall make reasonable and timely efforts to notify the person or persons, or the person or persons responsible for a specific location or entity, that is specifically threatened, as well as to notify an appropriate law enforcement agency or to take other appropriate action, including but not limited to hospitalizing the patient. A mental health provider is not liable for damages in any civil action for warning a specific person or persons, or a person or persons responsible for a specific location or entity, against or predicting the violent behavior of a person receiving treatment from the mental health provider.
 (c) A mental health provider must not be subject to professional discipline when there is a duty to warn and protect pursuant to this section.
 (3) The provisions of this section do not apply to the negligent release of a patient from any mental health hospital or ward or to the negligent failure to initiate involuntary seventy-two-hour treatment and evaluation after a personal patient evaluation determining that the person appears to have a mental illness and, as a result of the mental illness, appears to be an imminent danger to others..

Pennsylvania 42 PA Stat. § 5944. Psychologists & Psychiatrists

The confidential relations and communications between a psychologist or psychiatrist and his client shall be on the same basis as those provided or prescribed by law between an attorney and client.

The Supreme Court of Pennsylvania followed *Tarasoff* to hold that "pursuant to the special relationship between a mental health professional and his [sic] patient, the mental health professional has a duty to warn a third party of potential harm by his [sic] patient." The court deliberately left open the issue of whether a broader duty to protect third parties should be recognized in Pennsylvania. In finding a duty to warn, the court analogized from prior cases recognizing a mental health professional's liability for negligent discharge of a patient to those who could "foreseeably be affected by a wrongful discharge of the patient" and a physician's legal duty to protect third persons in the context

See *Emerich v. Philadelphia Ctr. For Human Dev., Inc.*, 720 A.2d 1032 (1998) for interpretation of duty in Pennsylvania.

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			<p>of contagious diseases. The court found that public policy favoring societal interest in the protection of Pennsylvania citizens made the imposition of a duty to warn reasonable despite countervailing policies regarding the treatment of mental patients.</p> <p>The court adopted the professional judgment rule as the standard of care stating that "a mental health professional who determines, or under the standards of the mental health profession should have determined, that his [sic] patient presents a serious danger of violence to another, bears a duty to exercise reasonable care to protect by warning the intended victim against such danger."</p>
<p>Puerto Rico</p>	<p>P.R. Laws tit 24, § 6153q</p>	<p>Physicians, Psychiatrists, Psychologists, Social Workers, Professional Counselors, or other healthcare professionals. Requires others rendering services to a mental health patient, to inform the healthcare professional in charge, of threats.</p>	<p>(1) When a person informs a physician, psychiatrist, psychologist, social worker, professional counselor, or any other healthcare professional of a threat to physically harm a third party, the physician, psychiatrist, psychologist, social worker, professional counselor, or healthcare professional shall have the duty to warn said third party of the possibility of a threat, when he/she may be reasonably identified, after complying with the provisions of this section.</p> <p>(2) In the event that the threat to harm a third party is informed to any other person rendering services to a mental health patient, he/she shall immediately so notify the physician, psychiatrist, psychologist, social worker, professional counselor, or any other healthcare professional in charge of rendering mental healthcare services to the person, and shall so state in detail in the clinical record.</p> <p>(3) In order for the duty to warn to arise, the physician, psychiatrist, psychologist, social worker, professional counselor, or other healthcare professional must:</p> <p>(a) Have identified, evaluated, and verified the existence of a threat to harm a third party in particular, and</p> <p>(b) have established that, upon taking into consideration the risk factors associated with violence, there is a great probability that said threat could be carried out.</p> <p>(4) Once the threat is notified, the physician, psychiatrist, psychologist, social worker, professional counselor, or other healthcare professional shall warn the person under threat, and carry out the following actions:</p> <p>(a) Provided it is therapeutically indicated, he/she shall inform the person who proffers the threat of the duty to warn that he/she has pursuant to this chapter;</p> <p>(b) notify the threat to the police station closest to the residence of the third party put at risk;</p> <p>(c) notify the third party of the threat to harm him/her, handling this situation with tact and caution, and</p> <p>(d) if he/she has reasonable basis to believe that the third party is not able to understand or is a minor, he/she shall notify a family member of the existence of the threat.</p> <p>(5) In those situations in which the professional believes that the person issuing the threat meets the criteria needed for hospitalization, such professional shall initiate the procedures for voluntary or involuntary hospitalization.</p> <p>(6) In those situations in which the risk is informed while the person is hospitalized, the physician, psychiatrist, psychologist, social worker, professional counselor, or other healthcare professional, shall notify the medical director, and shall so state in detail in the clinical record.</p> <p>(7) Any information entered in the clinical record as per the requirements of this section shall be included in a separate section within the clinical record. This information shall be deemed to be privileged and confidential for disclosure purposes.</p> <p>(8) When a psychiatrist, physician, psychologist, social worker, professional counselor, or any other healthcare professional determines that a particular situation requires carrying out the duty to warn, he/she shall be held harmless from any civil liability, insofar as there is no gross negligence involved in the discharge of his/her duty. Moreover, mental healthcare professionals who, in good faith, carry out their duty to warn shall not be breaching the physician-patient privilege, pursuant to the provisions of Rule 26 of the Rules of Evidence of 1979, as amended.</p> <p>(9) Any law enforcement officer (from both the Commonwealth and the municipal police) who has been notified by a mental healthcare professional, a relative, or any citizen, as to the risk or threat posed by a mental health patient to harm him/herself or others or to damage property, shall respond as soon as practicable to protect the persons or the property involved.</p>
	<p>P.R. Laws tit 24 §6153r</p>	<p>Physicians, Psychiatrists, Psychologists, Social Workers, Professional Counselors, or other healthcare professionals</p>	<p>1) When a person communicates to a physician, psychiatrist, psychologist, social worker, professional counselor, or other healthcare professional his/her intention to commit suicide or self-mutilation, or when such professional believes, based on the person's behavior, that said person might attempt to conduct such actions, the physician, psychiatrist, psychologist, social worker, professional counselor, or other healthcare professional shall have the duty to warn a family member of the possibility of an attempt to carry out said act. Provided, That in the case of inmates, notice shall be given to the director of the institution where the person in question is confined.</p> <p>(2) In the event that the intention to commit suicide or self-mutilation is communicated to another mental healthcare professional, said professional shall immediately so notify to the psychiatrist, psychologist, social worker, professional counselor, or any other healthcare professional in charge of rendering mental healthcare services to the person, and shall so state in detail in the clinical record.</p> <p>(3) In order for the duty to warn to arise, the physician, psychiatrist, psychologist, social worker, professional counselor, or any other healthcare professional must:</p> <p>(a) Having identified and evaluated the existence of an intention to commit suicide or self-mutilation, and</p> <p>(b) having stated that after taking into consideration the risk factors associated with suicide and self-mutilation, there is a great probability that said intention could be carried out.</p> <p>(4) Once the intention to commit suicide or self-mutilation is communicated, the physician, psychiatrist, psychologist, social worker, professional counselor, or any other healthcare professional shall be charged with the duty to warn, and shall carry out the following actions:</p>

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			(a) Provided it is therapeutically indicated, he/she shall inform the person who states his/her intention to commit suicide or self-mutilation of the duty to warn that he/she has pursuant to this chapter. (b) Notify a family member of the threat, handling this situation with tact and caution. (5) In those situations in which the professional believes that the person communicating his/her intention to commit suicide or self-mutilation meets the criteria needed for hospitalization, such professional shall initiate the procedures for voluntary or involuntary hospitalization. (6) In the event that the intention to commit suicide or self-mutilation is communicated while the person is hospitalized, the physician, psychiatrist, psychologist, social worker, professional counselor, or any other healthcare professional shall notify the medical director, and shall so state in detail in the clinical record.
Rhode Island	R.I. Gen. Laws §5-37.3-3 & 5-37.3-4	"Healthcare provider" means any person licensed by this state to provide or lawfully providing healthcare services, including, but not limited to, a physician, hospital, intermediate-care facility or other healthcare facility, dentist, nurse, optometrist, podiatrist, physical therapist, psychiatric social worker, pharmacist, or psychologist, and any officer, employee, or agent of that provider acting in the course and scope of his or her employment or agency related to or supportive of health services.	(a)(1) Except as provided in subsection (b), or as specifically provided by the law, a patient's confidential healthcare information shall not be released or transferred without the written consent of the patient, or his or her authorized representative, on a consent form meeting the requirements of subsection (d). A copy of any notice used pursuant to subsection (d) and of any signed consent shall, upon request, be provided to the patient prior to his or her signing a consent form. Any and all managed-care entities and managed-care contractors writing policies in the state shall be prohibited from providing any information related to enrollees that is personal in nature and could reasonably lead to identification of an individual and is not essential for the compilation of statistical data related to enrollees, to any international, national, regional, or local medical-information database. This provision shall not restrict or prohibit the transfer of information to the department of health to carry out its statutory duties and responsibilities. ... (b) No consent for release or transfer of confidential healthcare information shall be required in the following situations: (4)(i) By a healthcare provider to appropriate law-enforcement personnel, or to a person if the healthcare provider believes that person, or his or her family, is in danger from a patient; ...
South Carolina	S.C. Code Ann. §19-11-95	Provider" means a person licensed under the provisions of any of the following and who enters into a relationship with a patient to provide diagnosis, counseling, or treatment of a mental illness or emotional condition: (a) Chapter 55, Title 40 [psychologist]; (b) Chapter 75, Title 40 [professional counselors, marriage and family therapists & psycho-educational specialists]; (c) Section 40-63-70, licensed master social worker or a licensed independent social worker; (d) Section 40-33-10, registered nurse who meets the requirements of a clinical nurse specialist and who works in the field of mental health..	(B) Except when permitted or required by statutory or other law, a provider knowingly may not: (1) reveal a confidence of his patient; (2) use a confidence of his patient to the disadvantage of the patient; ... (C) A provider may reveal: (3) the intention of the patient to commit a crime or harm himself and the information necessary to prevent the crime or harm; (E) A disclosure pursuant to subsection (C) ...is limited to the information and the recipients necessary to accomplish the purpose of the subsection permitting the disclosure.
South Dakota	S.D. Codified Laws Ann. §27A-12-29	All Record Holders for any patient with mental illness subject to voluntary or involuntary care and treatment under the chapter	27A-12-29. Discretionary disclosure of confidential information. Information may be disclosed in the discretion of the holder of the record: ... (5) If any person subject to the proceedings under this chapter has communicated a serious threat of serious physical injury against a reasonably identifiable victim, the person with knowledge of the threat may disclose the threat to the potential victim or to any law enforcement officer, or both. No cause of action may arise under this chapter against the person who, in good faith, discloses the threat to a potential victim or law enforcement officer pursuant to the provisions of this subdivision.
	S.D. Codified Laws Ann. §§ 36-26-30	Social Workers	36-26-30. Social worker-client privilege--Exceptions. No licensed certified social worker, social worker, or social work associate or his employee may disclose any information he may have acquired from persons consulting him in his professional capacity that was necessary to enable him to render services in his professional capacity to those persons except: ... (2) That a licensed certified social worker, licensed social worker, or licensed social work associate shall not be required to treat as confidential a communication that reveals the contemplation of a crime or a harmful act;
	S.D. Codified Laws Ann. §§ 36-27A-38	Psychologists	36-27A-38. Confidentiality of psychologist-patient relationship and communications. The confidential relations and communications between a licensed psychologist and a person consulting him in his professional capacity are confidential. Nothing in this chapter may be construed as to require those privileged communications to be disclosed; nor may a psychologist's secretary, stenographer or clerk be examined without the consent of his employer concerning any fact, the knowledge of which he has acquired in such capacity.
	S.D. Codified Laws Ann. §§ 36-32-27	Licensed Professional Counselor or Licensed Professional Counselor-Mental Health	36-32-27. Privileged information--Exceptions. No licensed professional counselor or licensed professional counselor--mental health or a counselor's employee may disclose any information the counselor may have acquired from persons consulting the counselor in a professional capacity that was necessary to enable the counselor to render services in a professional capacity to those persons except: ... (2) That a licensed professional counselor or licensed professional counselor--mental health is not required to treat as confidential a communication that reveals the contemplation or the commission of a crime or a harmful act;
	S.D. Codified Laws Ann. §§ 36-33-29, 36-33-31 & 36-33-32	Marriage and Family Therapists	36-33-29. Confidentiality of information acquired in therapy. No person licensed under this chapter as a marriage and family therapist, nor any employee or associate of a marriage and family therapist is required to disclose any information which was acquired in rendering marriage and family therapy services, except in the following circumstances:

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			<p>... (2) If failure to disclose such information presents a clear and present danger to the health or safety of any individual;</p> <p>36-33-31. Duty to warn against client's violent behavior. No cause of action may arise against any licensed marriage and family therapist for failure to warn of and protect from a client's threatened violent behavior or failing to predict and warn of and protect from a client's violent behavior except if the client has communicated to the marriage and family therapist a serious threat of physical violence against a reasonably identifiable victim. The duty to warn of or to take reasonable precautions to provide protection from violent behavior arises only under the limited circumstances specified in this section.36-33-32. Discharge of duty to warn. The duty to warn is discharged by the marriage and family therapist if reasonable efforts are made to communicate the threat to the victim and to a law enforcement agency. No cause for action may arise under this chapter against any person who is a licensed marriage and family therapist under this chapter for confidences disclosed to third parties according to the provisions of this section in an effort to discharge a duty arising under § 36-33-31.</p>
Tennessee	Tenn. Code Ann. § 33-3-206	Qualified Mental Health Professionals or Behavioral Analysts.	<p>IF AND ONLY IF</p> <p>(1) a service recipient has communicated to a qualified mental health professional or behavior analyst an actual threat of bodily harm against a clearly identified victim, AND</p> <p>(2) the professional, using the reasonable skill, knowledge, and care ordinarily possessed and exercised by the professional's specialty under similar circumstances, has determined or reasonably should have determined that the service recipient has the apparent ability to commit such an act and is likely to carry out the threat unless prevented from doing so,</p> <p>THEN</p> <p>(3) the professional shall take reasonable care to predict, warn of, or take precautions to protect the identified victim from the service recipient's violent behavior.</p>
	Tenn. Code Ann. § 33-3-207	Qualified Mental Health Professionals or Behavioral Analysts.	<p>The duty imposed by § 33-3-206 may be discharged by the professional or service provider by:</p> <p>(1) Informing the clearly identified victim of the threat;</p> <p>(2) Having the service recipient admitted on a voluntary basis to a hospital;</p> <p>(3) Taking steps to seek admission of the service recipient to a hospital or treatment resource on an involuntary basis pursuant to chapter 6 of this title; or</p> <p>(4) Pursuing a course of action consistent with current professional standards that will discharge the duty.</p>
	Tenn. Code Ann. § 33-3-208	\Employees of a Qualified Mental Health Professional or Behavioral Analyst	<p>Employees of Mental Health Professional shall tell the professional if they receive communication of a threat against a specific victim from a recipient of services.</p>
	Tenn. Code Ann. § 33-3-209	Qualified Mental Health Professionals or Behavioral Analysts or their employees	<p>If a professional or an employee has satisfied the person's duty under § 33-3-206 , § 33-3-208 , or § 33-3-210 , no monetary liability and no cause of action may arise against the professional, an employee, or any service provider in whose service the duty arose for the professional or employee not predicting, warning of, or taking precautions to provide protection from violent behavior by the person with mental illness, serious emotional disturbance, or developmental disability.</p>
Texas	Texas Mental Health Code § 576.005		<p>576.005. Records of a mental health facility that directly or indirectly identify a present, former, or proposed patient are confidential unless disclosure is permitted by other state law.</p>
	Tex. Health and Safety Code Ann. §§ 611.001, 611.002 & 611.004	611.001(2) "Professional" means: (A) a person authorized to practice medicine in any state or nation; (B) a person licensed or certified by this state to diagnose, evaluate, or treat any mental or emotional condition or disorder; or (C) a person the patient reasonably believes is authorized, licensed, or certified as provided by this subsection.	<p>611.002 (a) Communications between a patient and a professional, and records of the identity, diagnosis, evaluation, or treatment of a patient that are created or maintained by a professional, are confidential.</p> <p>(b) Confidential communications or records may not be disclosed except as provided by Section 611.004 or 611.0045.</p> <p>(c) This section applies regardless of when the patient received services from a professional.</p> <p>611.004(a) A professional may disclose confidential information only:</p> <p>(1) to a governmental agency if the disclosure is required or authorized by law;</p> <p>(2) to medical or law enforcement personnel if the professional determines that there is a probability of imminent physical injury by the patient to the patient or others or there is a probability of immediate mental or emotional injury to the patient;</p>
Utah	Utah Code Ann. §§ 58-60-102 & 58-60-113	Mental Health Therapist, defined as an individual who is practicing within the scope of practice defined in the individual's respective licensing act and is licensed under this title as: (a) a physician and surgeon, or osteopathic physician engaged in the practice of mental health therapy; (b) an advanced practice registered nurse, specializing in psychiatric mental health nursing; (c) an advanced practice registered nurse intern, specializing in psychiatric mental health nursing; (d) a psychologist qualified to engage in the practice of mental health therapy;	<p>(1) A mental health therapist under this chapter may not disclose any confidential communication with a client or patient without the express consent of:</p> <p>(a) the client or patient;</p> <p>(b) the parent or legal guardian of a minor client or patient; or</p> <p>(c) the authorized agent of a client or patient.</p> <p>(2) A mental health therapist under this chapter is not subject to Subsection (1) if:</p> <p>the mental health therapist is permitted or required by state or federal law, rule, regulation, or order to report or disclose any confidential communication, including: ...</p> <p>(iii) reporting under Title 78B, Chapter 3, Part 5, Limitation of Therapist's Duty to Warn; or</p>

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- (e) a certified psychology resident qualifying to engage in the practice of mental health therapy;
- (f) a clinical social worker;
- (g) a certified social worker;
- (h) a marriage and family therapist;
- (i) an associate marriage and family therapist;
- (j) a clinical mental health counselor; or
- (k) an associate clinical mental health counselor.

	Utah Code Ann. §§ 78B-3-501 & 78B-3-502	Therapists defined in 78B-3-510 as: (1) a psychiatrist licensed to practice medicine under Section 58-67-301 Utah Medical Practice Act or under Section 58-68-301 , Utah Osteopathic Medical Practice Act; (2) a psychologist licensed to practice psychology under Section 58-6-301 ; (3) a marriage and family therapist licensed to practice marriage and family therapy under Section 58-60-304 ; (4) a social worker licensed to practice social work under Section 58-6-204 ; (5) a psychiatric and mental health nurse specialist licensed to practice advanced psychiatric nursing under Title 58, Chapter 31b, Nurse Practice Act ; and (6) a clinical mental health counselor licensed to practice professional counseling	§ 78B-3-502.(1) (2)	A therapist has no duty to warn or take precautions to provide protection from any violent behavior of his client or patient, except when that client or patient communicated to the therapist an actual threat of physical violence against a clearly identified or reasonably identifiable victim. That duty shall be discharged if the therapist makes reasonable efforts to communicate the threat to the victim and notifies a law enforcement officer or agency of the threat. An action may not be brought against a therapist for breach of trust or privilege, or for disclosure of confidential information, based on a therapist's communication of information to a third party in an effort to discharge his duty in accordance with Subsection (1) .	
Vermont	18 Vermont Stat. Ann § 1882	Mental Health Agency, Psychotherapist, Counselor.		(a) It is the intent of the General Assembly in this section to negate the Vermont Supreme Court's decision in <i>Kuligowski v. Brattleboro Retreat and Northeast Kingdom Human Services</i> , 2016 VT 54A, and limit mental health professionals' duty to that as established in common law by <i>Peck v. Counseling Service of Addison County, Inc.</i> , 146 Vt. 61 (1985). (b) A mental health professional's duty is established in common law by <i>Peck v. Counseling Service of Addison County, Inc.</i> and requires that "a mental health professional who knows or, based upon the standards of the mental health profession, should know that his or her patient poses a serious risk of danger to an identifiable victim has a duty to exercise reasonable care to protect him or her from that danger." This duty shall be applied in accordance with State and federal privacy and confidentiality laws. ... (d) To the extent permitted under federal law, this section does not affect the requirements for mental health professionals to communicate with individuals involved in a patient's care in a manner that is consistent with legal and professional standards, including section 7103 of this title. (Added 2017, No. 51, § 2, eff. May 30, 2017.)	See <i>Peck v. Counseling Serv. Of Addison County, Inc.</i> , 499 A.2d 422 (1985) for interpretation of duty - appears to apply to threats to real property in addition to threats to people.
Virginia	Va. Code §54.1-2400.1	Mental Health Service Providers as defined by statute.		A mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm only when the client has orally, in writing, or via sign language, communicated to the provider a specific and immediate threat to cause serious bodily injury or death to an identified or readily identifiable person or persons, if the provider reasonably believes, or should believe according to the standards of his profession, that the client has the intent and ability to carry out that threat immediately or imminently. Duty is discharged by begins involuntary commitment, warns the victim or their parents, notifies law enforcement, any means necessary until law enforcement arrives, or counsels the client until it is no longer necessary. Immunity from liability for disclosure.	
Washington	Revised Code of Washington § 18-19-180	Counselors, defined under § 18-19-020 as an individual, practitioner, therapist, or analyst who engages in the practice of counseling to the public for a fee, including for the purposes of this chapter, hypnotherapists.		An individual registered under this chapter shall not disclose ... any information acquired from persons consulting the individual in a professional capacity when that information was necessary to enable the individual to render professional services to those persons except: (2) That a person registered under this chapter is not required to treat as confidential a communication that reveals the contemplation or commission of a crime or harmful act;	
	Revised Code of Washington § 18-83-110	Psychologists		Confidential communications between a client and a psychologist shall be privileged against compulsory disclosure to the same extent and subject to the same conditions as confidential communications between attorney and client, but this exception is subject to the limitations under RCW 71.05.360 (8) and (9).	
	Revised Code of Washington § 18-105-225	Mental Health Counselors, Marriage and Family Therapists & Social Workers		A person licensed under this chapter shall not disclose ...any information acquired from persons consulting the individual in a professional capacity when the information was necessary to enable the individual to render professional services to those persons except: (5) To any individual if the person licensed under this chapter reasonably believes that disclosure will avoid or minimize an imminent danger to the health or safety of the individual or any other individual; however, there is no obligation on the part of the provider to so disclose.	

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West Virginia	W.Va. Code §27-3-1	Providers and Facilities with Mentally Ill patients and clients, including State Hospitals, Psychiatrists, and Psychologists	<p>(a) Communications and information obtained in the course of treatment or evaluation of any client or patient are confidential information. Such confidential information includes the fact that a person is or has been a client or patient, information transmitted by a patient or client or family thereof for purposes relating to diagnosis or treatment, information transmitted by persons participating in the accomplishment of the objectives of diagnosis or treatment, all diagnoses or opinions formed regarding a client's or patient's physical, mental, or emotional condition, any advice, instructions, or prescriptions issued in the course of diagnosis or treatment, and any record or characterization of the matters hereinbefore described. It does not include information which does not identify a client or patient, information from which a person acquainted with a client or patient would not recognize such client or patient, and de-identified information from which there is no possible means to identify a client or patient.</p> <p>(b) Confidential information shall not be disclosed, except:</p> <p>(5) To protect against a clear and substantial danger of imminent injury by a patient or client to himself, herself, or another;</p>
Wisconsin	Wisc. Stat § 51.17	<p>(1) "Health care provider" means any of the following:</p> <p>(a) A nurse licensed under ch. 441.</p> <p>(b) A chiropractor licensed under ch. 446.</p> <p>(c) A dentist licensed under ch. 447.</p> <p>(d) A physician, physician assistant, perfusionist, or respiratory care practitioner licensed or certified under subch. II of ch. 448.</p> <p>(dg) A physical therapist or physical therapist assistant licensed under subch. III of ch. 448.</p> <p>(dr) A podiatrist licensed under subch. IV of ch. 448.</p> <p>(em) A dietitian certified under subch. V of ch. 448.</p> <p>(eq) An athletic trainer licensed under subch. VI of ch. 448.</p> <p>(es) An occupational therapist or occupational therapy assistant licensed under subch. VII of ch. 448.</p> <p>(f) An optometrist licensed under ch. 449.</p> <p>(fm) A pharmacist licensed under ch. 450.</p> <p>(g) An acupuncturist certified under ch. 451.</p> <p>(h) A psychologist licensed under ch. 455.</p> <p>(hg) A social worker, marriage and family therapist, or professional counselor certified or licensed under ch. 457.</p> <p>(hm) A speech-language pathologist or audiologist licensed under subch. II of ch. 459 or a speech and language pathologist licensed by the department of public instruction.</p> <p>(hp) A massage therapist or bodywork therapist licensed under ch. 460.</p> <p>(i) A partnership of any providers specified under pars. (a) to (hp).</p> <p>(j) A corporation or limited liability company of any providers specified under pars. (a) to (hp) that provides health care services.</p> <p>(k) A cooperative health care association organized under s. 185.981 that directly provides services through salaried employees in its own facility.</p> <p>(L) A hospice licensed under subch. VI of ch. 50.</p> <p>(m) An inpatient health care facility, as defined in s. 50.135 (1).</p> <p>(n) A community-based residential facility, as defined in s. 50.01 (1g).</p> <p>(p) A rural medical center, as defined in s. 50.50 (11).</p> <p>(q) An ambulance service provider, as defined in s. 256.01 (3).</p> <p>(r) An emergency medical services practitioner, as defined in s. 256.01 (5).</p> <p>(s) An emergency medical responder, as defined in s. 256.01 (4p).</p>	<p>Any health care provider, as permitted by s. 146.816 (2) (b) 4. or 5., and any law enforcement officer may make a disclosure of information evidencing that an individual poses a substantial probability of serious bodily harm to any other person in a good faith effort to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.</p> <p>(3) Duty; health care providers.</p> <p>(a) Any health care provider that reasonably believes an individual has a substantial probability of harm to himself or herself or to another person under s. 51.15 (1) (ar) 1., 2., 3., or 4. fulfills any duty to warn a 3rd party by doing any of the following:</p> <ol style="list-style-type: none"> 1. Contacting a law enforcement officer regarding the individual and disclosing knowledge of potential evidence of a substantial probability of harm under s. 51.15 (1) (ar) 1., 2., 3., or 4. 2. Contacting the county department that the health care provider reasonably believes is responsible for approving the need for emergency detention of the individual under s. 51.15 (2) and disclosing knowledge of potential evidence of a substantial probability of harm under s. 51.15 (1) (ar) 1., 2., 3., or 4. 3. If the health care provider is an agent of the county department that is responsible for approving the need for emergency detention under s. 51.15 (2) and is authorized by that county department to approve or disapprove the need for emergency detention under s. 51.15 (2), approving the emergency detention of the individual. 4. Taking any other action that a reasonable health care provider would consider as fulfilling the duty to warn a 3rd party of substantial probability of harm. <p>(b) If an individual is not in custody of a facility under s. 51.15 (3) and is not voluntarily admitted to an inpatient psychiatric unit, a health care provider that takes any of the actions under par. (a) has no further duty to any person to seek involuntary treatment, emergency detention, emergency stabilization, or commitment of the individual; to physically restrain or isolate the individual; to prevent the individual from leaving the hospital; or to provide treatment or medication without the individual's consent.</p> <p>(4) Liability. Any person or health care provider that acts in accordance with this section is not civilly or criminally liable for actions taken in good faith. The good faith of the actor shall be presumed in a civil action. Whoever asserts that the individual who acts in accordance has not acted in good faith has the burden of proving that assertion by evidence that is clear, satisfactory, and convincing.</p>
	Wisc. Stat § 146.18	Covered entities as defined under HIPAA	<p>Sections 51.30 (4) (a) and (e) and 146.82 and rules promulgated under s. 51.30 (12) do not apply to a use, disclosure, or request for disclosure of protected health information by a covered entity or its business associate that meets all the following criteria:</p> <p>(b) The covered entity or its business associate makes the use, disclosure, or request for disclosure in any of the following circumstances: ...</p> <ol style="list-style-type: none"> 4. For purposes of disclosing information about a patient in a good faith effort to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. 5. For purposes of disclosing under s. 175.32 any threat made by a patient regarding violence in or targeted at a school in a good faith effort to prevent or lessen a serious and imminent threat to the health or safety of a student or school employee or the public.
		Psychotherapists	<p>In <i>Schuster</i>, the Wisconsin Supreme Court held that the duty to warn extends to whatever other steps are reasonably necessary under the circumstances, including contacting the police, recommending or requiring hospitalization, or notifying a family member or friend who can help ensure safety. The case law in Wisconsin rejects the idea that the victim must be foreseeable; a psychotherapist has a duty to warn even if the actual victim was not foreseeable. Also, Wisconsin does not create a distinction between a generalized statement of dangerous intent and a particularized statement specifying the patient's intended victims.</p> <p>See <i>Schuster v. Altenberg</i>, 424 N.W.2d 159, (1988) for discussion of the duty to warn in Wisconsin.</p>

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The ruling in Schuster was supported by later Wisconsin decisions in [Steinberg v. Jensen, 194 Wis. 2d 439 \(1995\)](#), and [Wisconsin v. Aqacki, 226 Wis. 2d 349 \(1999\)](#). These decisions held that there is no privilege between psychotherapists and patients regarding communications relevant to the discovery of the physical, mental or emotional condition of the patient in a proceeding in which that condition is an element of the patient's claim or defense. Thus, the principle that the confidentiality of patient communications gives way in certain instances is embodied even in the rules of evidence in court proceedings.

Wyoming

Wyo. Stat. § 33-27-123 Psychologists

(a) In judicial proceedings, whether civil, criminal, or juvenile, in legislative and administrative proceedings, and in proceedings preliminary and ancillary thereto, a patient or client, or his guardian or personal representative, may refuse to disclose or prevent the disclosure of confidential information, including information contained in administrative records, communicated to a person licensed or otherwise authorized to practice under this act, or to persons reasonably believed by the patient or client to be so licensed, and their agents, for the purpose of diagnosis, evaluation or treatment of any mental or emotional condition or disorder. The psychologist shall not disclose any information communicated as described above in the absence of an express waiver of the privilege except in the following circumstances: ...
 (iv) Where an immediate threat of physical violence against a readily identifiable victim is disclosed to the psychologist;

Wyo. Stat §§ 33-38-102 & 33-38-113 Licensed Professional Counselors, Marriage and Family Therapists, Social Workers & Chemical Dependency Specialists, all as defined in § 33-38-102

(a) In judicial proceedings, whether civil, criminal, or juvenile, in administrative proceedings, and in proceedings preliminary and ancillary thereto, a patient or client, or his guardian or personal representative, may refuse to disclose and may prevent the disclosure of confidential information, including information contained in administrative records, communicated to a person licensed or otherwise authorized to practice under this act, and their agents, for the purpose of diagnosis, evaluation or treatment of any mental or emotional condition or disorder. A person licensed or otherwise authorized to practice under this act shall not disclose any information communicated as described above in the absence of an express waiver of the privilege except in the following circumstances:
 (iv) Where an immediate threat of physical violence against a readily identifiable victim is disclosed to the person licensed or otherwise authorized to practice under this act;