



Client Confidentiality Agreement

This release is in reference to your or your child's private medical information. Please read it carefully.

Terms of Acknowledgement and Agreement for Center and Community-Based Services:

Center-based services: Your child will receive therapy alone or in groups or group areas in which there are others receiving therapy at the same time. During therapy for your child, there will be interaction with other ABA Technicians and other children receiving therapy.

Community-based services: Your child will receive therapy in the community.

You acknowledge and understand that by agreeing to receive center-based or community-based services, you also agree to the release of the following private health information (PHI) due to the potential of others* being present in the service delivery vicinity (center or community). PHI released may include, but is not limited to:

- Various modes of electronic recording not limited to cell phone video, recording from cameras that are installed throughout NOAC, or audio recording that is intended to share with caregivers or **for clinical and supervision purposes only.**
- Live View Video Footage Monitor in the BCBA Office for monitoring and supervision of all rooms.
- Others that may be in the service delivery vicinity (center or community) may observe or hear therapy for you/your child as it is being conducted. This includes information shared between employees of North Oakland Autism Center during programming hours.
- Others that may hear communication between staff about your child's treatment that is necessary to exchange to ensure services are provided effectively. This will occur during supervision of therapy or collaboration with or from one therapist to another.
- Others that may observe your child engaging in appropriate/inappropriate behaviors or learning activities.
- Other unforeseen releases or disclosures that may occur while in the community.

*Others that might be in the service delivery vicinity include parents of other children, siblings, caregivers, relatives, other patients we provide services to, and private service providers from other companies providing such services during our sessions (clinic or community).

We will work diligently to protect your child's privacy and private health information by minimizing those in the vicinity when children are having difficulties. We will also refrain from sharing treatment information that is not pertinent to the therapy situation. It should also be understood that as part of ABA services, we may not want to minimize those in the area for therapeutic programming reasons. However, due to the nature of our services and the center and community-based approach, this release of information will likely occur and it is imperative that you understand the nature of this type of situation.

Please read the following statement carefully regarding the information that **you** may see or hear.

There is a potential that you might encounter a child, family or caregiver within the local community that you may have seen receiving services. You should be responsible with any private health information that you might come in contact with incidentally while in the clinic or community setting. Responsible regard for information includes but is not limited to:

- not discussing what you have seen or heard with anyone
- avoiding comments or suggestions to the parent or caregiver
- making statements such as “I recognize that kid from the therapy center”
- making defaming remarks related to behaviors or judgements about the child’s outcome

I am aware that the release of this private health information is necessary for North Oakland Autism Center to provide my child/me with opportunities to learn new behaviors, for the socialization goals of my child, to reduce problem behavior, and for other necessary needs during ABA treatment.

Should you have any specific concerns or you would like to withdraw your release of this information, please speak with Susie Ruffini, Clinical Director at North Oakland Autism Center. You may withdraw consent for release of this information at any time in writing.

This release will remain in effect as long as I am or my child is receiving services with North Oakland Autism Center.

I understand that I am releasing personal health information that might be shared due to the nature of receiving services in a center/community-based facility. I understand that I can withdraw my consent at any time. I have had the opportunity to ask any questions regarding this release.

Parent/Guardian

Date

Parent/Guardian

Date

Witness

Date