



CONFIDENTIALITY POLICY AND CLIENT RELEASE OF INFORMATION

At Sunderlin Behavioral Intervention all client’s records (verbal or written) will not to be released or shared with outside parties unless a consent form has been signed. In such case, the information may only be shared with the specific parties authorized on the consent form.

I, _____ hereby authorize _____ and its
Parent/Guardian Name/Agency

affiliates, its employees and agents to release _____ health information
Child’s Name
maintained by Sunderlin Behavioral Intervention (e.g., information relating to the diagnosis, treatment, claims payment, and health care services provided or to be provided to me and which identifies my name, address, social security number, Member ID)

Address of Agency: _____

Phone # _____ Fax# _____

I understand that this release form is valid for the period in which the above-named client is in active treatment with the Company. All or any of this release is cancelled upon written notification from the undersigned. A photocopy of the consent for release of information is as valid as the original.

I give permission for my child to be videotaped, for the purpose of clinical documentation. Such tapes may only be shared the Company staff and above-named professionals or agencies for which there is a release of information. I further understand that according to the Family Rights Act, my permission to video tape shall not exceed 6 months duration from the time the consent is signed.

Initial: _____ Yes No Date _____

I give permission for my child to be videotaped, for the purposes of training and education. Such tapes may be used at the Company staff trainings and community trainings provided by the Company. I further understand that according to the Family Rights Act, my permission to video tape shall not exceed 6 months duration from the time consent is signed.

Initial: _____ Yes No Date _____

I give permission for my child to be in the therapy room. I understand that other parents may be present and watching their own children at the same time.

Initial: _____ Yes No Date _____

I give permission for my child to participate in a group setting which may be observed by other parents observing their child at the same time.

Initial: _____ Yes No Date _____

The caregiver/parent(s) acknowledges that they have been informed and understand our confidentiality policy.

Print Client’s Full Name _____

Signature of Responsible Party _____ Date _____