

**CONFIDENTIALITY STATEMENT**

Due to nature of services provided by Synergy Family Services, Inc. and to ensure the privacy protection of our consumers, I will:

1. Maintain confidentiality regarding information obtained from a consumer in the course of the clinician’s work
2. Discuss the requirements and limitations of confidentiality at the beginning of the professional relationship
3. Safeguard consumer information obtained in the course of practice or other professional services
4. Release mental health records or other confidential information about a consumer only with a consumer’s consent, or as permitted by or required by law
5. Ensure that written and oral reports contain only data relevant to the purpose of treatment
6. Treat any assessment result or interpretation regarding an individual as confidential information and;
7. Obtain informed written consent before presenting identifying information obtained during the course of professional work, and ensure HIPAA compliance when case reports or other confidential information are used as a basis for teaching or research.

I will inform consumers:

1. The legal and ethical limits of confidentiality
2. Below the age or minority, or who have legal guardians, of the limits the law imposes on the rights of confidentiality with respect to communications with the clinician, to the extent that the consumer can understand, at the beginning of the professional relationship;

I have read the above confidentiality statement and understand that any violation of this policy is adequate actions for immediate termination of my contract/employment with Synergy Family Services, Inc.

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**Signature** **Date**

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**Witness** **Date**