

HIPAA, CONFIDENTIALITY and CLIENTS RIGHTS



Consumer Name: _____

CONFIDENTIALITY

All information obtained about you or your child is strictly confidential. Information can be released only with a written, specific release signed by you or the parent/guardian (if applicable). Boundless staff members have access to confidential information and are required to demonstrate professionalism. Staff members must never, under any circumstances, mention the consumer's last name, address, or case history. Discussion of the consumer must be confined to individuals who are professionally involved with the consumer's assessment and diagnosis and/or enrollment. Any case discussions should be conducted in a professional manner and in an appropriate place, preferably behind closed doors. Consumers are never to be discussed in public.

LIMITS ON CONSUMER CONFIDENTIALITY

Boundless is responsible for the release of consumer PHI in the following circumstances:

- Any and all suspected child abuse incidents must be reported
- Any court orders to release records is received
- Duty to Warn- If you are a danger to yourself or others
- If you waive your right or give consent
- If the insurance company paying for services requests to review records

HIPAA

The signature below indicates that the consumer has received the HIPAA notice of Boundless Policies and Practices to Protect the Privacy of the consumer's health information or that the individual is the legal guardian of the consumer and has received the Boundless Policies and Practices to protect the privacy of consumers health information. Consumer Name:

I was offered a copy of the HIPAA rights policies and declined. _____

CLIENTS RIGHTS

I have been notified about the Client's Right's, Grievance Procedure and Abuse Policies as they apply to myself and/or my child. I understand that I may request a copy at any time through the compliance department.

For Office Use Only: I have attempted to obtain the consumer's signature on the form, however was unable to due to the following circumstances:

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Consumer Signature

Date

Printed Name of Parent/Guardian (if applicable)

Date

Signature Parent/Guardian Signature (if applicable)

Date

