



Parents Initials_____ SUP Initials_____

Social Connections HIPAA Confidentiality & Release Form

Clinic Tours & Parent Training Visits, Including Observations

In accordance with the health insurance portability and accountability act (HIPAA) of 1996, Social Connections Learning Center-Katy, LLC (SCLC) has a legal and ethical responsibility to take certain administrative safeguards that protect the privacy of all SCLC clients and that protect the confidentiality of their health information.

In the course of your tour/visit, you may hear, read, or see information that relates to a patient's health either in electronic form or paper files containing protected health information (PHI). Because you may read, see or hear PHI, SCLC requests that you agree to the following as a condition of your tour/visit.

Confidential / PHI:

I understand that all health information that may in any way identify a patient or relate to a patient's behavioral health must be maintained confidentially. I will regard confidentiality during my tour/visit.

Prohibited use and disclosure:

I agree that I will not reveal to anyone the names of the individual clients whose care and treatment I observe as a result of my participation in the tour/visit, nor will I discuss with anyone any details that might cause any patient's identity to be revealed.

I do hereby agree to assume the entire risks attendant to such activity as my tour/visit, I do hereby release and forever discharge the behavioral health clinic, their employees, agents, leases, contractors and concessionaires. In both their public and private capacities on and from any and all liability, claims, suits, damage, or causes of action whatsoever for any property damage or personal injury sustained or that may arise in any manner in connections with taking part in the tour/visit. I assume all responsibilities related to accidents or other difficulties.

By my signature below, I have read this confidentiality and release of liability form, and fully understand these terms and conditions, and future understand that the opportunity to participate is based on the signing of this document.

Signature_____ Date_____

Print Name_____

Parent/Legal Guardian if Participant is under 18 _____

Date_____