

**Seasons Promise
Confidentiality Statement**

Heather Toulmin and Seasons Promise have a professional obligation to keep your information strictly private.

1. There are circumstances when information is required by outside parties. A universal requirement of insurance companies is to request your diagnosis, type of services you receive, the length of service, and progress reviews.
2. Vermont and New Hampshire law mandate certain exceptions to confidentiality. It is important for you to understand there are specific times when Heather must, by law, report information whether she has your permission or not. They are instances of:
 - a. Suspicion of (1) child abuse, (2) elder or incapacitated adult abuse, (3) abuse, and (4) neglect.
 - b. If a client threatens to harm her/him self, another person or property, Heather is required to (1) protect the person, (2) warn the person/s, and/or (3) alert the police.
3. Children's records can be assessed by adults with legal authority, for example parents, guardians, guardians ad litem.
4. If a court subpoenas your clinical records, Seasons Promise must comply with that request.
5. When treatment has been determined to be part of an Individual Education Plan (IEP) or 504 Plan, there are a number of considerations you need to know. When you, the client or parent, have signed the Plan outlining the intent to share information with relevant teachers and treatment team staff (e.g. school personnel, doctors, afterschool providers, OT/PT/SLP providers, etc.), Heather will make every attempt to comply with the Plan. In the event you do not want information released, you must notify Heather in writing.
6. The Department of Public Health requires the report of certain infectious diseases that pose a threat to public health.
7. In the event of your death, do you want to allow your records to be accessed by your spouse and next of kin? Initial Yes or No

EMAIL: please be aware that I cannot assure confidentiality by the use of email correspondence. I will use the means necessary to me to try and secure this communication. By providing your email address and signing this form, you give permission to Heather to communicate with you using email.

_____ If you do not want to use email, do not provide an address.

I have read and reviewed the information about confidentiality, and discussed it as needed. I understand this information.

_____ Client/Guardian _____ Date

_____ Clinician _____ Date