

**Confidentiality Policy**

At Brandis Center, Inc. (the “Company”), all client records (verbal or written) will not be released or shared with outside parties unless a consent form has been signed. In such cases, the information may only be shared with the specific parties authorized on the “Consent to Release and Obtain Information”.

I understand that this Confidentiality Policy (the “Policy”) is valid for the period in which the patient is in active treatment with the Company. All or any of this Policy is canceled upon written notification to the Company from the undersigned. A photostatic copy of the “Consent to Release and Obtain Information” and this Policy is as valid as the original.

Furthermore, I give permission for my child to take part in center-based activities located at our agency. I understand that other parents/guardians may be present and watching their own children at the same time.

Initial: \_\_\_\_\_ YES  NO

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

Initial: \_\_\_\_\_ YES  NO

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NOTE: This Confidentiality Policy expires one year after being signed.

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The caregiver/parent(s) acknowledges that they have been informed and understand this Policy.

Printed name of Parent/Legal Guardian	Relationship	Date
Signature of Parent/Legal Guardian	Relationship	Date