

Jennifer Berkey, M.S., CCC, COM®
Speech-Language Pathologist
Email: JenniferSLP@aol.com Tel: (203) 221-0007

Client Confidentiality and Privacy Policies and Procedures

POLICY: All clients have a right to privacy. Confidentiality of clinical information will be maintained at all times during treatment and after the client is discharged from treatment. All clients have these rights under the Health Insurance Portability & Accountability Act of 1996 (HIPPA).

PROCEDURES:

1. Clinical information is kept in a private location, without public access.
2. The speech pathologists that are part of this practice are the only persons with access to clinical records.
3. Clinical information (stored on the computer or written file) is kept out of view to a casual observer.
4. Clinical reports are released to third parties only with written consent of the client. In the case of a minor, written consent is obtained from a parent or legal guardian.
5. Clinical information is shared with other professionals by phone only with consent of the client. In the case of a minor, consent for phone contact with outside professionals is obtained from a parent or legal guardian.
6. At no time are clients discussed with outside parties without written consent of the client. In the case of a minor, written consent is obtained from a parent or legal guardian.
7. In cases where photography or videotaping is used, written permission to photograph or videotape is obtained from the client. In the case of a minor, written consent for phone contact with outside professionals is obtained from a parent or legal guardian.
8. Client records are not faxed to another location without written permission from the client. In the case of a minor, written consent is obtained from a parent or legal guardian.
9. A copy of these policies and procedures will be shared with clients at the time of admission or at any time that changes are made to the policy.

I have read and understand the client confidentiality and privacy policies and procedures for Jennifer Berkey, M.S. CCC-SLP. I understand that these will be explained to me if I have any questions.

Print Name: _____

Signature: _____

Date: _____