

Sanders M. Stein M.D.
2777 Summer Street, Suite 504b
Stamford, CT 06905

(203)324-0082

Privacy Notice

Historically, you and/or your child's right to privacy always has been protected. However, all mental health providers are now required by law to inform their patients about their policies regarding the privacy of patient information and records.

In the course of you/your child's care, I will collect nonpublic personal information about you that is either provided by you and/or your child or that is obtained from third parties with your permission. I will not disclose any nonpublic information obtained during our work together except as required or permitted by law. Permitted disclosures might include information given to an insurer pursuant to the processing or review of a claim; information shared with other family members, teachers, school personnel, or other professionals; and/or information shared with unrelated third parties who need information in order to assist your treatment. In all such situations, no disclosure is made without your explicit permission and the confidential nature of this information always is underscored.

In addition, please be informed that I retain records relating to the professional services that I provide. These records help me provide you with the best care possible and are necessary for compliance with professional guidelines. In order to guard your nonpublic information, I maintain procedural safeguards that comply with standards set forth by the American Psychiatric Association.

Do not hesitate to speak with me if you have any questions or concerns.

Signature _____ Date ____ / ____ /