

Southlake Autism and Behavior Services, PA  
355 Citrus Tower Blvd Suite 116  
Clermont, FL 34711  
(O) 352.223.1999 (F) 352.600.3119

## Release of Medical Information

This release has to do with yours or your child's private medical information. Please read it carefully.

Terms of Acknowledgement and Agreement for Center and Community Based Services:

Center-based services-Your child will receive therapy alone or in groups or group areas in which there are others receiving therapy at the same time. During therapy for your child, there will be interaction with other therapists and with other patients receiving therapy.

Community-based services-Your child will receive therapy in the community.

You acknowledge and understand that by agreeing to receive center-based or community-based services, you agree to the release of the following private health information (PHI) due to the potential of others\* being present in the service delivery vicinity (center or community). PHI released may include but is not limited to:

- Various mode of electronic recording not limited to cell phone video, Catalyst recording or audio recording that is intended to share with caregivers or for clinical purposes.
- Others that may be in the service delivery vicinity (center or community) may observe or hear therapy for you/your child's as it is being conducted. This includes information shared between employees of Southlake Autism and Behavior Services during programming hours.
- Others may hear communication between staff about your child's treatment that is necessary to exchange to ensure services are provided effectively. This will occur during supervision of therapy or collaboration with or from one therapist to another.
- Others may hear communication between staff and your child's caregiver during pre and post session reporting that may include caregiver concerns, therapeutic goals and about events during treatment.
- Others may observe your child engaging in appropriate/inappropriate behaviors or learning activities.
- Other unforeseen releases or disclosures that may occur when in the community.

\*Others that might be in the service delivery vicinity include: Parents of other children, sibling, caregivers, relatives or other patients we provide services to and private service providers from other companies who provide services during our sessions (clinic or community).

We will work to diligently to protect your child's privacy and private health information by minimizing those in the vicinity when children are having difficulties and refraining from sharing treatment information that is not pertinent to the therapy situation. It also should be understood that as part of ABA services, we may not want to minimize those in the area for therapeutic programming reasons. However, due to the nature of our services and the center and community-based approach, this release of information will likely occur and it is imperative that you understand the nature of the release of information.

### PHI Release for Center and Community Based Services

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AS IT IS YOUR ADDITIONAL AGREEMENT REGARDING INFORMATION THAT YOU MAY SEE OR HEAR:

I also recognize that when I am in the clinic or community, receiving services or at times when I am not receiving, there is a potential that I might encounter a child, family or caregiver that I might have seen receiving services. I will be responsible with any private health information that I might come in contact with incidentally while I am in the clinic or community setting. Responsible regard for information includes but is not limited to:

- not discussing what I have seen or heard with anyone
- avoiding comments or suggestions to the parent or caregiver
- making statements such as “I recognize that kid from the therapy center”
- making defaming remarks related to behaviors or judgements about the child’s outcome

I am aware that the release of this private health information is necessary for Southlake Autism and Behavior Services to be able to provide my child/me with opportunities to learn new behaviors, for the socialization goals of my child, to reduce problem behavior, and for other necessary needs during ABA treatment.

Should you have any specific concerns or you would like to withdraw your release of this information, please speak with Director of Clinical Services Terri Howard. You may withdraw consent for release of this information at any time in writing.

This release will remain in effect as long as I am or my child is receiving services with Southlake Autism and Behavior Services.

I understand that I am releasing personal health information that might be shared due to the nature of receiving services in a center/community based facility. I understand that I can withdraw my consent at any time. I have had the opportunity to ask questions regarding this release.

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Parent/Guardian	Date

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Parent/Guardian	Date

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Witness	Date