

Dr. Tee Stock, OTD, R/L Privacy and Confidentiality Policy

I am dedicated to preserving the confidentiality and privacy of all of our client families. In general, all communication between a client and an occupational therapist is confidential, and this confidentiality is protected by law. There are, however, some exceptions, and I am required by Massachusetts's law to inform you of the limits on confidentiality.

There are a number of rare circumstances in which a Clinician cannot maintain confidentiality:

- 1.) If a client presents a clear danger to himself and refuses to accept appropriate treatment, information is released to protect the client.
- 2.) If a client communicates an actual threat of physical violence to an identifiable victim, information is released to protect the potential victim.
- 3.) If a judge orders the disclosure of information or orders me to testify, information relevant to the legal issue would be provided.
- 4.) If services are being covered by a third-party payer, such as an insurance company, school district or legal authority, I may be requested to provide information. Insurance companies claim to keep this information confidential. If you request it, I will provide you with any information which I submit to any third party(ies) on your behalf.
- 5.) If the clinician has reasonable cause to believe that a minor child is being abused or neglected, there is a legal mandate to report to the Department of Children & Families.

These situations rarely arise, but if they do, it is my policy to discuss these matters with you before taking any action. In all other circumstances, client information will only be shared upon express written consent of the patient or parent. If you have any questions, please discuss them with your clinician.

I have read the information regarding the limits of confidentiality:

I understand the limits of confidentiality and do not have any specific questions.

I would like to discuss the limits of confidentiality in greater detail with my clinician.

NAME _____

SIGNATURE

DATE

PARENT OR GUARDIAN IF UNDER 18

DATE OF BIRTH:

DATE