



## Confidentiality Statement

Client confidentiality is a priority in any clinical setting. No information about a client, verbal or written, should be accessible to anyone other than the patient and the clinicians involved in that client's treatment. Please read and then initial each of the following statements:

- \_\_\_\_\_ I understand that I am legally required to maintain client confidentiality.
- \_\_\_\_\_ I understand that if I keep any records/reports in any form pertaining to a client that I must permanently delete any personal information about the client. This includes: client's name, parents'/spouse's name, addresses, telephone numbers, birth date, and referral source.
- \_\_\_\_\_ I understand that I must delete any identifying clinic information from any client records/reports in any form, including name, address, and telephone number of the clinic.
- \_\_\_\_\_ I understand that I cannot copy any formal assessment material that is copyrighted or keep any test forms with client information, test information or blank forms.
- \_\_\_\_\_ I will maintain strict confidentiality for all client information shared and discussed in the clinic setting or classroom.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

### To be signed at the end of the practicum experience

I verify that I have permanently removed/destroyed (shredded) all client information from all record/reports, including computer hard drives, CD's, and discs, jump drives, paper copies and hand written forms.

I verify that I have returned to the clinical site all originals of records/reports pertaining to the client(s) I worked with, and all material that are not my personal property.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date