



All EMU Autism Collaborative Center client information – whether contained in a client’s record or in any other medium (including audio, video or computer system) is strictly confidential. Disclosing, accessing, or permitting access to confidential client information, without proper authorization, is a violation of EMU Autism Collaborative Center policy, State and Federal laws, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and unauthorized disclosures may result in disciplinary action. In addition, disclosing, accessing, or permitting access to confidential Protected Health Information (PHI) without proper authorization may also subject the violator to civil and/or criminal penalties for violation of state laws and HIPAA. Billing and financial management information is also to be held in strict confidence and is not to be disclosed without written authorization by the client.

I certify that as a **student observer, practicum student, staff, or faculty member** of the EMU Autism Collaborative Center, I understand the statements above and am aware of the confidential nature of the client’s PHI. I understand and agree that in the performance of my duties at the EMU Autism Collaborative Center, I am obligated to respect client privacy and to protect client PHI for unauthorized use and/or disclosure. This includes only accessing a client PHI on a need to know basis related to treatment, payment, and health care operations, or training. I understand that when the audio or video recordings for a client are in my possession, I assume total responsibility for the confidential retention and viewing of these recordings. I understand that the unauthorized use and/or disclosure of information from the client’s record, audio, or video recordings, or from any computer system may result in disciplinary action up to and including dismissal, in accord with the policy outlined in the EMU Autism Collaborative Center Policy and Procedures Manual and/or Student Handbook and may further subject me to civil and criminal penalties under HIPAA.

I acknowledge that I may have access to confidential client information. By signing this statement, I agree to follow the guidelines below, and as further detailed in the EMU Autism Collaborative Center Policy and Procedures Manual and/or Student Handbook.

The identity of clients, or information that would reveal the identity of clients, cannot be revealed without the *specific permission* of the client. The only exceptions to this are cases in which the client may be dangerous to his/herself or others and in cases of child abuse. In such situations, there may be legal requirements that responsible agencies be informed. There are also certain legal proceedings in which case notes and other records can be ordered to be released by the courts. Students must familiarize themselves with, and adhere to, confidentiality procedures of the ACC and the laws of the State. Case material discussed in class must be prepared in such a way that client confidentiality is maintained.

Printed Name of EMU Student _____

Signature of EMU Student _____

Date _____

Major _____