**Notice of Privacy Practices**

Link takes patient privacy seriously. We have a legal and ethical responsibility to keep privileged information confidential. There are important relevant exclusions. For example, we have a duty to report suspicion of neglect or abuse of children and probable danger to self or others. We are also required to respond to court orders, subpoenas, Office of Professional Discipline (OPD) investigations, and the like.

By signing this agreement, you authorize us to share patient information on a need-to-know basis with those who participate in your care or your child’s care, as applicable. At Link these individuals may include supervisors, the Program Director, and the Administrator. You understand that this authorization is voluntary, and you may revoke this consent at any time by providing written notice.

If you are the parent or legal guardian of a patient who is a child, this consent may expire upon the minor’s age of majority. You acknowledge that you have been informed what information will be given, its purpose, and who will receive the information. You understand that you have a right to receive a copy of this authorization. You understand that you have a right to refuse to sign this authorization.

EFFECTIVE DATE OF THIS NOTICE

This notice went into effect on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BY SIGNING AND/OR CLICKING ON THE CHECKBOX BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_