



Autism Asperger  
 Syndrome Consulting  
 Group, LLC

**PRIVACY AND CONFIDENTIALITY AGREEMENT**

This Confidentiality Agreement ("Agreement") is made and effective the \_\_\_ of \_\_\_\_\_, 20\_\_ , by and between the Parent(s)/Legal Guardian(s) and/or Client (if 19 years of age or older) and Autism Asperger Syndrome Consulting Group, LLC ("AASCG") or any agent thereof.

I understand that "AASCG" has a legal and ethical responsibility to maintain client privacy, including obligations to protect the confidentiality of client information and to safeguard the privacy of client information.

To discuss your family, child, or self with a third party, we will need you to sign another confidentiality release form for your protection. Under no circumstances will we disclose your identity or diagnosis without written consent.

This "Agreement" supersedes all prior understandings or agreements on the subject matter hereof. This "Agreement" may be modified only by a further writing that is duly executed by both parties.

**I have read the "Agreement" and fully understand that our situation will be private and confidential unless written consent is given otherwise.**

_____	_____	_____
Print Client Name	Client Signature	Date

_____	_____	_____
Print Parent Name	Parent Signature (if client under 19)	Date

_____	_____	_____
AASCG Staff	Signature	Date

**Mail or Fax to:**      **AASCG**  
**3985 Parkwood Road**  
**Suite 109-144**  
**Bessemer, AL 35022**