



Visitor Confidentiality Agreement

Thank you for your interest in Arizona Institute For Autism, LLC. All visitors must submit this form to the front desk prior to observing individual client sessions or social groups at Arizona Institute For Autism. Arizona Institute For Autism staff and Clinical team has the right to accompany the visitor during all or part of their visit and will terminate/reschedule the visit, at their discretion, if it is detrimental to any client being observed.

A visitor is defined as a non-employee of Arizona Institute For Autism, LLC, who stays in the Arizona Institute For Autism clinic for 15 minutes or longer. Please check the boxes below for confirmation.

- I understand that when visiting Arizona Institute For Autism' clinic, I will be asked, and agree, to sign the visitor's log at the front desk.
- I understand that in the course of my visit or observation of therapy sessions, activities, or social skills groups at Arizona Institute For Autism, I may become aware of confidential information about specific Arizona Institute For Autism' clients, client's family members, children who are not clients, and/or Arizona Institute For Autism' staff. This information may include but is not limited to data, performance, behavior, disabilities, health issues, and/or related matters.
- I understand and agree that I will not disclose any confidential information except to appropriate employees of Arizona Institute For Autism, due to its sensitive nature.

Date:

Purpose of Visitation/Observation:

Visitor/Observer First Name, Last Name (please print):

Visitor/Observer Signature: