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# Confidentiality and Its Limits

## Purpose of This Document

- This document explains how confidentiality works in pediatric neuropsychological services, including how the patient's information is protected, when it may be shared, and the legal and ethical limits of confidentiality. It is intended to help parents, legal representatives, children, and adolescents understand privacy protections and expectations.

## For Parents and Legal Representatives

### Confidentiality in Neuropsychological Services

The patient's privacy is extremely important. All information shared during neuropsychological services—including interviews, questionnaires, observations, test results, reports, and communications—is treated with respect and confidentiality and handled in accordance with HIPAA and applicable Florida law.

For children under age 13, parents or legal representatives typically provide consent for neuropsychological evaluation services and generally have access to evaluation findings, including test results, diagnoses when applicable, and recommendations.

For adolescents ages 13–17, Florida law permits minors to consent to certain outpatient mental health services. When an adolescent consents to services on their own, caregiver access to records and information may be limited, except when disclosure is required or permitted by law, clinically necessary to address safety concerns, or authorized by the adolescent.

Regardless of age, psychologists have an ethical responsibility to balance caregiver involvement with a child or adolescent's right to privacy in order to support honest communication, effective evaluation, and appropriate care.

During the evaluation process, portions of the assessment may involve meeting with the child or adolescent individually so they feel comfortable sharing openly. General themes, concerns, and clinically relevant information are shared with parents or legal representatives as appropriate, while respecting legal and ethical confidentiality obligations. When possible, information that must be shared is discussed with the child or adolescent first in a developmentally appropriate way.

### Limits of Confidentiality

Although confidentiality is a core part of neuropsychological services, there are specific situations in which information may be shared without written authorization (consent), as required or permitted by law.

Information may be disclosed under the following circumstances:

- When a parent or legal representative provides written authorization to release information to another party such as school personnel, physicians, therapists, or insurance companies
- If the patient expresses thoughts, intent, or plans to seriously harm themselves or another person in order to protect safety
- If there is reasonable cause to believe that a child, elderly person, or dependent adult is being abused, neglected, or exploited, as required by Florida law
- If disclosure is required by a valid court order, subpoena, or other legal process
- If the patient meets criteria for involuntary psychiatric evaluation or hospitalization due to safety concerns
- If consultation with other professionals is necessary for treatment planning, supervision, or coordination of care, in which case only the minimum necessary identifying information is shared
- If services are requested, authorized, or funded by a third party such as a school district, legal agency, or court, information may be shared in accordance with the agreed-upon purpose

Schools and external providers do not receive evaluation reports or clinical information without a valid written authorization unless disclosure is otherwise required by law.

### Record Review and Sharing

If you would like Pediatric Neuropsychology Associates PLLC to request records from or share information with other professionals involved in the patient's care, such as physicians, school staff, or therapists, you may choose to sign a Release of Information (ROI) form. Completion of an ROI is optional.

Signing an ROI allows providers to communicate with one another to support a more thorough understanding of the patient's needs. This can help ensure coordinated care and contribute to a more effective evaluation and treatment plan. An ROI form will be provided if this type of information sharing is desired.

### Recording Encounters

To protect the privacy of all patient information, it is the policy of Pediatric Neuropsychology Associates PLLC that recording of encounters is not permitted by default. Any recording of an encounter requires the provider's explicit permission. If a recording is requested, the provider will discuss appropriate alternatives, such as taking written notes or recording only a summary portion of the session when clinically appropriate.

### Telehealth and Electronic Communication

Telehealth sessions and electronic communications are conducted in accordance with HIPAA and applicable Florida law. Telehealth sessions are not recorded or stored by the provider unless explicitly agreed upon in writing in advance.

To protect the patient's privacy, you are encouraged to use the secure Electronic Medical Record (EMR) portal to send sensitive or personal information, including medical history, evaluation forms, or questions about the patient's care. The EMR portal is encrypted and meets legal standards for protecting health information.

Please do not send sensitive information through regular email or unsecured phone communication. If you choose to communicate or send documents through non-secure methods, you do so at your own risk. The practice cannot be held responsible for information that is lost, intercepted, or accessed by unauthorized individuals through unsecured communication channels. Assistance with setting up or using the EMR portal is available upon request.

### Additional Notes on Privacy

Only the minimum necessary information is shared when disclosures are required. You may revoke a Release of Information in writing at any time, except for disclosures already made based on prior authorization. A complete description of privacy practices and confidentiality limits is provided in the Notice of Privacy Practices.

Neuropsychological evaluations through this practice are typically initiated with parent or legal representative involvement, and adolescent self-consent, when permitted by law, is considered on a case-by-case basis and does not automatically limit caregiver involvement or access to evaluation information.

## For Adolescents (Ages 13–17)

### What Confidentiality Means for You

When you meet with a provider at our practice, most of what you share is private. That means we don't automatically repeat everything you say to your parents or legal representatives. Having some privacy helps you speak honestly and helps our providers understand how to support you.

Because you are under 18, the parent or legal representative is usually involved in consenting to evaluation services and will receive information about the evaluation results, recommendations, and next steps. In some situations, Florida law allows adolescents to consent to certain mental health services on their own. When that happens, what parents or legal representatives can access may be limited, except when sharing information is required by law, needed for safety, or approved by you.

### When Information May Need to Be Shared

There are times when we may need to share information, even if you would rather we didn't. These include:

- If you talk about plans or intent to seriously harm yourself or someone else
- If we believe you are being abused, neglected, or exploited
- If a judge or court orders information to be shared
- If sharing information is necessary to keep you or someone else safe

Whenever possible, we will explain what needs to be shared and why before sharing information.

### Talking With Parents or Legal Representatives

We may share general themes, concerns, or recommendations with parents or legal representatives so they can help support you at home, at school, or in treatment. We try not to share unnecessary details about private conversations unless it is important for your safety, well-being, or care.

You are encouraged to ask questions about confidentiality, what will be shared, and what will remain private. Our goal is to work with you in a way that feels respectful, supportive, and transparent.

Neuropsychological evaluations through this practice are typically initiated with parent or legal representative involvement, and adolescent self-consent, when permitted by law, is considered on a case-by-case basis and does not automatically limit caregiver involvement or access to evaluation information.

## For Children (Under Age 13)

### What Does Confidential Mean?

When you meet with a provider at our practice, what you say is mostly private. That means we don't share it with other people for no reason. We talk with you, ask questions, and do activities to understand how your brain works and how you think and feel.

Because you are under 13, the parent or legal representative gives permission for us to work with you, and they will learn about how you're doing and what the testing shows. Even so, we try to respect your privacy and only share what is important to help you and keep you safe.

### When Might We Have to Share Information?

There are a few times when we may need to share information, even if you don't want me to. These include:

- If you are not safe or talk about wanting to hurt yourself or someone else
- If someone is hurting you or not taking care of you
- If a judge or court says information must be shared
- If sharing information helps the parent or legal representative understand how to support you

Whenever possible, we will talk with you first before sharing information and explain what is happening. Our goal is to help you feel safe, supported, and understood.

### Questions

If you or the parent or legal representative have questions about privacy or confidentiality, you are always encouraged to ask. Understanding how your information is protected is an important part of this process.

A complete description of privacy practices is available in the Notice of Privacy Practices.