

## NOTICE OF RIGHTS & CONFIDENTIALITY FORM BIG SKY AUTISM PROJECT

As a Client, or Responsible Party of the Athlete receiving services from Big Sky Autism Project (BSAP), you have the following rights regarding the confidentiality of your personal information and communications with BSAP instructors, coaches, staff, volunteers, Board Members, and advocates:

1. The information that you provide to BSAP will be kept confidential to the greatest extent allowed by law.
2. You may choose what information you want to provide to BSAP. You will not be denied access to services if you choose to not provide certain identifying information.
3. The information that you provide to BSAP, including your name, address, phone number, and other personal information will not be shared with other individuals, agencies, or organizations without your permission.
4. BSAP staff may be required by law to report certain situations, without your permission, including but not limited to, suspected abuse or neglect, threats made to self or others, admission of criminal activity, etc. This Form serves as Notice of this reporting requirement. BSAP will not share information beyond what is required by law, unless legally compelled to do so by warrant or subpoena.
5. Some general information about the types of services provided and overall demographics (e.g., age and income ranges, average number of children, ethnicities) of people that use BSAP services may be required to be shared with any agencies that provide funding to BSAP. However, information that specifically could identify **you or the Athlete** as someone who uses or receives services from BSAP will never be shared unless specifically authorized in writing by you.
6. If you have any questions or concerns about this notice or your rights, or if you have a concern that your confidential information was not treated appropriately, please contact BSAP staff immediately by emailing your concerns to [BigSkyAutismProject@gmail.com](mailto:BigSkyAutismProject@gmail.com).

I, \_\_\_\_\_, attest that I have received notice of my rights to confidentiality.  
Print Name of Client or Responsible Party

With my signature below, electronic or handwritten, I confirm that I understand the contents of this notice.

\_\_\_\_\_  
Signature of Client or Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of BSAP Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative's Position with BSAP