

Notice of Confidentiality and Confidentiality Agreement

Personal information which you provide during your participation in services at this agency is maintained in your client record. This record and the information you share are protected under the Federal Rules of Confidentiality and the Health Insurance Portability and Accountability Act (HIPPA). The rules of confidentiality provide for the sharing of information contained in client records with the following exceptions:

1. **Internal Communications.** Information from your record may be shared with personnel within the program who have a need for such information to assist with your assessment, education, or treatment.
2. **No Patient Identifying Information.** Any person having a legally recognized interest in the disclosure of information may apply for an order to obtain the information with the understanding that all client identifying information will be removed.
3. **Proper Consent.** Specific information may be disclosed for specific purposes to specific entities upon your signing an authorization for release of information.
4. **Qualified Service Organization Agreement.** Information needed to provide services to you may be released to qualified service organizations who have signed an agreement with the program to protect client confidentiality.
5. **Medical Emergency.** Information may be released to medical personnel for the purpose of treating a condition which poses an immediate threat to the health of any individual and which requires immediate medical intervention.
6. **Research/Audit.** Information may be released for research purposes in accordance with security requirements and with the understanding that any research report will not disclose client identities. Information may be released for audit or evaluation purposes to a Federal, State, or local governmental agency who provides financial assistance to the program or who is charged with monitoring the activities of the program.
7. **Court order.** Information is required to be released upon the program receiving a court order and a subpoena for the records for the following reasons:
 - a. To protect against a serious threat to life or of serious bodily injury.
 - b. In connection with an investigation of an extremely serious crime.
 - c. In connection with litigation in which the patient offers testimony.
8. **Crime on Program Premises or Against Program Personnel.** Information associated with a client's name, address, and last known whereabouts may be released if it is directly related to the commission, by the client, of a crime on the program premises or against program personnel or to a threat to commit such a crime.
9. **Reporting Suspected Child Abuse and Neglect.** Information related to incidents of suspected child abuse or neglect may be released to the appropriate State or local authorities.

I have read this information or have had it read to me and I fully understand the contents.

I agree to maintain as confidential any information disclosed to me by staff or other clients during my participation in this program.

Signature of client

Date

Signature of staff

Date