**Confidentiality Agreement**

Drug Dependency Unit is bound by federal laws and regulations to protect the confidentiality of all individuals participating in the residential treatment program. These federal laws also apply to any and all persons providing services or work within the Drug Dependency Unit all persons providing such services are required to review the following federal laws pertaining to client/patient confidentiality and sign a statement of confidentiality.

42 CFR Part - 2

45 CFR Parts 160 and 164

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**Confidentiality Statement**

As a service provider or outside support service worker I understand that I may be exposed to confidential and sensitive information. This information may include, but not be limited too, patient names, other personal information, and witnessing patients on the unit.

I acknowledge that I have reviewed the federal laws and regulations pertaining to confidentiality and will abide those federal laws and regulations with regards to patient confidentiality.

I acknowledge that it is my responsibility to respect the privacy and confidentiality patient and other confidential information that I may become aware of while performing work or services within the Drug Dependency Unit.

I also understand and acknowledge that, should I breach any provision in this agreement I am subject to civil or criminal liability and/or disciplinary action consistent with all applicable regulations governing the DHHS-PHS-IHS concerning patient confidentiality.

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Signature Date

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Staff Signature Date