



Confidentiality Agreement

Scope: Employees, Contract Workers, Interns, Students, Volunteers, Guests or Business Associates of Recovery Technology LLC who have been authorized to have access to confidential information, whether automated or manual.

CONFIDENTIALITY STANDARDS:

All information is to be treated as confidential, including the fact that the client receives (or previously received) services through this office. The privacy and confidentiality of our clients are protected under the Ethics Codes of the mental health professions, state laws and regulations, and federal HIPAA Regulations. No client information may be disclosed without the explicit informed consent of the client and authorization by his/her clinician.

The following would be inappropriate, unethical, and/or illegal:

- Discussing/revealing client information to anyone outside this office (e.g., friends, family, fellow students or supervisees, etc.)
- Removing any client information from this office for any purpose (including working from home) without explicit authorization from the client's clinician in each case.
- Discussing/revealing client information to another employee who has no legitimate need to know.
- Obtaining access to client information not directly necessary for performing your job duties.
- Copying client files or other client information onto your own computer.
- Sending any client information via e-mail or FAX without proper consents or explicit authorization from the clinician.
- Copying client files or other client information onto CD, floppy disk, or other electronic medium, without explicit authorization from the client's clinician for a specific purpose, except when conducting authorized computer backup on a scheduled basis.
- Placing client information onto the Internet or into any other publicly available forum.

CONFIDENTIALITY AGREEMENT I hereby acknowledge, by my signature below, that I understand that any client information to which I have access is considered confidential, including clinical records, financial records, or any other identifiable information about a client. I understand that confidentiality must be maintained whether the information is stored on paper or on computer, or was communicated orally or through any other means.

I understand that I am authorized to have access only to certain information, and I understand that information not necessary for fulfilling my specific job description should not be read or discussed. I also understand that employee information of a private or sensitive nature must also be treated as confidential, including employment records, job evaluations, etc. I have been informed that it is illegal for me to access computerized client or employee information without authorization of my supervisor.

I understand the non-disclosure guidelines of this office. I know that clients have received a "Notice of Privacy

Practices” which describes the confidentiality and non-disclosure guidelines, and that these authorize me to have access to certain client information in the performance of my routine duties. I understand that further authorization would be needed for me to disclose that information to anyone for any other purpose. I agree to disclose no client information without being explicitly notified by a clinician or supervisor that the client has given informed consent for it to be so disclosed.

I agree to maintain and safeguard the confidentiality of privileged information of RECOVERY TECHNOLOGY, LLC, including but not limited to clients’ PHI, or any other confidential or proprietary information from this office. I understand that breaching confidentiality is unethical and/or illegal, and that it is grounds for disciplinary action, up to and including my immediate dismissal. Furthermore, I understand that this duty of confidentiality and non-disclosure will continue to apply even after I am no longer working at RECOVERY TECHNOLOGY, LLC.

Signature: _____ **Date:** _____

Personnel Coordinator/Designee Signature: _____ **Date**