



CONFIDENTIALITY STATEMENT

As a volunteer, service provider, County Department representative, or authorized visitor of the Veterans Treatment Court serving Lakewood, University Place, Steilacoom and DuPont (Department or Agency), you have the responsibility of maintaining the confidentiality of all health-related client or employee information or records. By signing this statement you agree to the following:

- ✓ I understand that all client and Veterans Treatment Court employee information, records, and health care information compiled, obtained, maintained, reviewed or observed by me in the course of my duties are confidential. I agree not to disclose or otherwise make known to any unauthorized persons any information regarding the same, unless so directed by a Veterans Treatment Court serving Lakewood, University Place, Steilacoom and DuPont (Department or Agency) Supervisor.
- ✓ No privileged information, whether written or oral, will be shared with my family members and/or friends.
- ✓ I understand that I am not to read information, records, and health care information concerning clients or employees and case reports or any other confidential documents for my own personal information but only to the extent and for the purpose of enabling me to perform my assigned duties.
- ✓ Discussions regarding client or employee health information will be held in staff offices/areas or other places where privacy is assured. I will not discuss any identifying information except in the performance of job-related duties, being especially mindful that these discussions do not occur in hallways, elevators, lavatories, lunchrooms or other public areas.
- ✓ All charts, notes and other written material concerning a client or employee health information, will be filed in a secure place when I am not using the information.
- ✓ When working on network files on a computer, I will log off when I am finished or leave my work station for an extended period of time, to prevent access to confidential files and databases.
- ✓ I understand that a breach of security or confidentiality may be grounds for terminating my relationship with this agency.

Printed Name

Date

Signature

Representative Signature/Date