

# CONFIDENTIALITY OF CLIENT INFORMATION

## POLICY

Agency personnel must read and sign their acknowledgment of the following statement:

By accepting employment with Agency, I agree to carefully refrain from discussing any client's condition or personal affairs with anyone outside the agency, unless expressly authorized to do so.

I will not share any medical information with other clients or visitors without clear instruction provided by the agency.

I acknowledge that all information seen or heard regarding clients, directly or indirectly, is completely confidential and is not to be discussed, even with my family or coworkers.

My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics, but can also involve an employee in legal proceedings. I will not share any information about clients, fellow employees or the agency with the media or anyone else unless specifically authorized to do so. This is essential for protection of both the client and Agency.

I have read and understood the above statement and agree to abide by these policies. I understand that a breach of policy may result in disciplinary action and possible dismissal from employment.

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Employee Signature

Date

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Witness Signature

Date