

CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Employee Name: _____

To assure that the company's and client's right to privacy to protected; RRS and its personnel will treat all clinical records and information's related to clients as confidential. No information shall be released without prior written authorization by the client or his/her representatives. Information about agency operations and employee/management relation will not be the discussed with others.

Therefore, as an employee of RRS. I understand the following guidelines the agency will uphold in regard to confidentiality:

1. Only personnel involved in the care or supervision of care on specific clients will have access to clients' clinical records.
2. Clients will not be discussed by clinical or non- clinical personnel outside the context of professional conversation regarding clients' condition and care.
3. Information about the agency's operations and relations between employee and employer will not be discussed to any client or client's family.
4. Any release of information for purposes other than claims processing or as required by law or regulations, must have separate clinical record release. Information may be released to any other health organization or accrediting body after proper authorization is obtained.
5. All requests for client information will be reviewed by the appropriate agency personnel to determine whether or not this information can be made accessible, requests for information to be released will be approached by the Director/Administrator or the agency.
6. Copies of clinical records or excerpts of same cannot be removed from the agency expect. By subpoena, where statutory law requires it, or on written authorization of the agency. The confidential information is treated as such and is to be mailed in an envelope designated "CONFIDENTIAL". The original clinical record must not be removed from the office. Clients will be allowed access to their records at the agency during regular hours and after giving reasonable notice to the administrator.
7. All clinical records will be kept in a locked cabinet/ room when not being utilized. Only designated agency personnel will have access to the key. Unauthorized individuals will not be allowed access to the cabinet/room
8. All RRS clinicians will sign this confidentiality statement during their orientation process.

I have read and understand the guidelines for confidentiality to follow as an employee or RRS, and understand that any breach of confidentiality is grounds for possible termination and/ or criminal liability and legal penalties.

Employee Signature: _____