



CONFIDENTIALITY/DISCLOSURE AGREEMENT

It is the policy of Community Options that employees respect the privacy of the clientele by holding the highest standard of confidentiality for their personal information.

Confidential Information
➤ Name of individual, family/friend information
➤ Individual's affiliation with Community Options
➤ Individual's address and/or phone number, email address
➤ Individual Personal Health Information (PHI) maintained in the records (present or historical)
➤ Personal Identifying Information (PII) such as Social Security number, driver's license number, date of birth, picture, Medicaid number

Community Options employees will not share any information about the individual, including that he/she is a recipient of Community Options services, with persons not associated with our agency. Exceptions to this protocol include the duty to warn and the duty to protect. Thus, in some circumstances Community Options employees may need to disclose confidential information to a third party when consent is not available. Information will be limited to a need to know basis.

Disclosures without Consent
➤ Community Options employee may contact anyone who is reasonably able to lessen the risk of harm when it is believed that the individual presents a serious and imminent threat to the health or safety of a person (including themselves) or the public
➤ Disclosure without consent may include 911, emergency medical professionals, psychiatrist or primary care doctor to develop a plan for voluntary or involuntary hospitalization or treatment

Community Options has reviewed the information above and answered my questions. By signing below, I attest that I understand the information above and agree to the requirement provided.

Individual (printed) Name: _____ Date: _____

Individual Signature: _____

Employee (printed) Name: _____ Date: _____

Employee Signature: _____

Guardian (as needed): _____ Date: _____

Guardian Signature: _____