



## VISITOR CONFIDENTIALITY AGREEMENT

As a visitor to Community Options service site, I understand that for safety and legal reasons, all information pertaining to individuals who are receiving services of Community Options must be kept confidential.

Confidential information may include:

- Personal Health Information (PHI), current or historical records, and any related medical information maintained by Community Options.
- Personal Identification Information (PII) including name, address, phone number, email address, date of birth, picture, family/friend information, personal demographics, Social Security number, Medicaid number and driver's license number.
- Community Options daily operations and company protocols.

As a visitor to Community Options, I understand that my confidentiality obligation is on-going, and it does not end when my visit or relationship with Community Options ends.

As a visitor to Community Options, I agree to abide by the guidelines above. I understand that failure to respect these guidelines may also subject me to civil or criminal liability.

This confidentiality agreement is to ensure the safety and privacy of Community Options clientele is secure.

By signing below, I attest that I understand the information above and agree to it.

Visitor (printed) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Visitor Signature: \_\_\_\_\_

Employee (printed) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_