SHENANDOAH VALLEY COMMUNITY RESIDENCES, INC.

Confidentiality Statement

The client has the right to privacy. The client has the right to expect that all identifying and medical information will be treated as confidential by Shenandoah Valley Community Residences, Inc., except when state law or regulation specifically require or permit the provider to disclose certain specific information. The client has the right to expect that their examination, treatment and the communication necessary to provide care should be conducted in a manner to protect the client’s privacy. The client has the right to expect that Shenandoah Valley Community Residences, Inc. will emphasize the confidentiality of this information when it releases it to any other parties.

# Confidentiality Statement

As an employee of Shenandoah Valley Community Residences, Inc., I understand my personal responsibility to maintain the confidentiality and privacy of a client’s identifying and protected health information (PHI). This responsibility extends to the spoken or written word and electronic documents.

I understand and agree to abide by the following:

1. I will not gossip or divulge information that is not for the benefit of the client or for the benefit of future clients.
2. I will ensure that no identifying information or medical records are left accessible so that unauthorized persons may read them. This includes faxes and information not yet put in the client file.
3. I will avoid discussing information regarding clients in places where unauthorized persons can easily overhear the discussion.
4. I will stop any unauthorized persons in areas where they are not supposed to be.
5. When uncertain about releasing identifying or protected health information, I will refer any requests for such information to the Administrative Assistant.

6. I will not send text messages or e-mail using my personal cell phone which contain personal health information about individuals supported. If, due to an emergency, I must transmit confidential information via text or e-mail on a personal device, I will delete the message after it is sent.

I understand that any violation of these requirements or any other policy regarding the privacy and security of a client’s confidential identifying or health information may result in sanctions including termination of employment at Shenandoah Valley Community Residences, Inc.

I understand that there are civil and criminal penalties imposed by Federal privacy laws including fines or imprisonment for which I may be personally liable if found guilty and that this continues even after my employment is terminated.

I understand that in the event that my employment at Shenandoah Valley Community Residences, Inc. terminates for any reason, these responsibilities continue and I am not released from the obligation to maintain as confidential any information I have learned while working at this facility.

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Signature Date

SHENANDOAH VALLEY COMMUNITY RESIDENCES, INC.

Volunteer/ Student Confidentiality Statement

The client has the right to privacy. The client has the right to expect that all identifying and medical information will be treated as confidential by Shenandoah Valley Community Residences, Inc., (SVCR), except when state law or regulation specifically require or permit the provider to disclose certain specific information. The client has the right to expect that their examination, treatment and the communication necessary to provide care should be conducted in a manner to protect the client’s privacy. The client has the right to expect that SVCR will emphasize the confidentiality of this information when it releases it to any other parties.

# Confidentiality Statement

As a volunteer / student of SVCR, I understand my personal responsibility to maintain the confidentiality and privacy of a client’s identifying and protected health information (PHI). This responsibility extends to the spoken or written word and electronic documents.

I understand and agree to abide by the following:

1. I will not gossip or divulge information that is not for the benefit of the client or for the benefit of future clients.
2. I will ensure that no identifying information or medical records are left accessible so that unauthorized persons may read them. This includes faxes and information not yet put in the client file.
3. I will avoid discussing information regarding clients in places where unauthorized persons can easily overhear the discussion.
4. I will stop any unauthorized persons in areas where they are not supposed to be.
5. When uncertain about releasing identifying or protected health information, I will refer any requests for such information to the Administrative Assistant.
6. I will not send text messages or e-mail using my personal cell phone which contain personal health information about individuals supported. If, due to an emergency, I must transmit confidential information via text or e-mail on a personal device, I will delete the message after it is sent.

I understand that any violation of these requirements or any other policy regarding the privacy and security of a client’s confidential identifying or health information may result in sanctions including termination of volunteer /student participation at SVCR.

I understand that there are civil and criminal penalties imposed by Federal privacy laws including fines or imprisonment for which I may be personally liable if found guilty and that this continues even after my relationship with SVCR is terminated.

I understand that these responsibilities continue following the termination of my relationship with SVCR and I am not released from the obligation to maintain as confidential any information I have learned while working with this agency.

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Signature Date