



## **Confidentiality Agreement**

I recognize and acknowledge that the services that Children's Haven performs for its clients are confidential. To enable this agency to perform these services, clients furnish confidential Protected Health Information (PHI).

I, by reason of my work or volunteer activities or by my presence at this agency, may come into possession of Protected Health Information concerning the services performed for its clients, even though I may not take any direct part in or furnish the services performed for these clients. I agree that I will not at any time during or after my access to these records containing PHI, disclose (which could mean giving someone records, or talking with someone) any such provided services of PHI to any person or entity whatsoever, or other privileged information prepared that is not needed for client treatment, payment or health care operations for this agency. I understand that the use or disclosure of such information may give rise to injury to the client or to this facility, and may violate state and federal confidentiality provisions.

I recognize and acknowledge that although the information contain in the record (PHI) can only be disclosed by the client or his/her legal guardian, that the record (PHI) is the property of this agency; that no original records or portions of a record, shall be removed for any reason, and that I will not keep or sell original records, photocopies or computer data to any second parties.

I acknowledge that in receiving, storing, processing and/or otherwise dealing with any client records (PHI) from this agency, I am fully bound by HIPAA federal regulations and by Missouri state law and any other applicable federal law.

I, \_\_\_\_\_, (print name), employed or volunteer at Children's Haven have read this Agreement, and I fully understand and shall comply with them. I understand that failure to comply may lead to sanctions, including termination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date