

BAY COUNTY DEPARTMENT ON AGING STATEMENT OF CONFIDENTIALITY

I have read the Bay County Department on Aging Client Information Confidentiality Policy and understand and agree to abide by it.

I understand that I am required to maintain confidentiality of all contacts, interactions and information that I obtain, however learned, regarding Bay County Department on Aging clients both during and after my employment, be in contract, by appointment, internship, or volunteering at the Bay County Department on Aging.

Furthermore, I understand that confidential information includes, but is not limited to any client identifiable information such as: hard-copy records, electronic records, client visits, and telephone conversations.

I understand that I will not release any client information without the informed consent of that client or his/her legal representative, unless otherwise required by court order, federal, state or local monitoring agencies.

I understand that I will not release or disclose any client information under any circumstances, in accordance with Bay County Department on Aging policy.

I further understand that any violation of this policy may result in disciplinary action up to termination of employment.

Employee Signature

Date