<Insert Company Letterhead>

Resident Confidentiality Agreement

(Insert Recovery Residence Name) and its staff will respect the privacy of residents. Any information concerning residents, potential residents, and visitors will be treated with the utmost respect. Staff will regularly review confidentiality requirements to comply with both with CCAPP standards and state and federal confidentiality laws.

All data collected on residents that will be shared with governing agencies with protect individual identities. This data will only be used to improve the quality of services.

(Insert Recovery Residence Name) will ensure the safety of resident records. Personal information will be protected by reasonable security safeguards against loss or theft, as well as unauthorized access, disclosure, copying, use or alteration.

Confidentiality on patient-identifying records may be broken without resident consent only in extenuating circumstances, such as when resident or staff safety is at risk, child or elderly abuse is suspected, or if a court order is received.

Outside of these circumstances, patient-identifying information will never be sold, lent, or given to third parties without resident consent.

(Insert Recovery Residence Name) will obtain informed voluntary consent from residents before any information is released to agencies or family members.

(Insert Recovery Residence Name) staff and residents also have a responsibility for keeping the confidentiality of others in the program. This includes not confirming or denying another client’s participation to outside agencies or persons via telephone, in-person, on social media, or in written requests.

As a resident of (Insert Recovery Residence Name), you consent and agree to the terms marked above. You will be informed of any changes to this agreement at least a week before they come into effect.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_