



## CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_, understand and agree that:

- In the performance of my duties for the Department of Corrections, I am obligated to treat any and all health records/information, including substance use disorder treatment to which I have access or might have access, through whatever means, as confidential and privileged.
- Department substance use disorder clinical records are confidential and managed per 42 CFR Part 2 language prohibiting re-disclosure and all relevant federal and state laws and Department policies. Release of information is handled per DOC 580.000 Substance Use Disorder Treatment Services.
- I cannot disclose or re-disclose such information except as authorized by the Department.
- Any violation of Department policy with respect to confidentiality of health records/information may result in disciplinary action, which may include termination from employment.
- Violation of state and federal confidentiality laws may result in civil and criminal penalties set forth in RCW 70.24.080, RCW 70.24.084, and 45 CFR Parts 160 and 164.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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