



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 under proper authority.
- Any violation of confidentiality of health records/information may result in disciplinary action, which may include termination from employment.
- I would be personally responsible for paying the civil and criminal penalties set forth in RCW 70.24.080, RCW 70.24.084, and 45 CFR Parts 160 and 164.
- Action to impose penalties against me may be taken by a prosecuting attorney or another party if I am suspected of being responsible for a breach of confidentiality.

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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