

<p>Lancaster Drug &amp; Alcohol Commission Case Management &amp; Clinical Services Policy &amp; Procedure Manual</p>	<p>CMCS #36A Confidentiality Statement for Provider Staff Signature</p>
<p>Most Current Revision: 07/01/2021 Effective Date: 07/01/2020</p>	<p>Page: 1 of 1</p>

CONFIDENTIALITY STATEMENT

In the normal course of employment and the fulfillment of assigned work duties and responsibilities, I understand that I may have access to or view information regarding clients and employees. With regard to all such information, I agree to observe a strict standard of confidentiality. I further agree that knowledge and information of a confidential nature, gained through employment may not be used, distributed or discussed outside of my immediate work responsibilities.

I understand and agree that breach of such confidentiality shall subject me to progressive disciplinary action, up to and including discharge, Further, it is understood that in accordance with Federal Law, any substantiated breach of client confidentiality is also punishable by a \$500.00 fine for the first violation and up to \$5,000.00 for any subsequent violations.

I hereby attest that I have read and understood this Confidentiality Statement and agree that my continued employment is contingent upon strict adherence to same. I understand, and agree, that I will be disciplined, and possibly discharged, should I violate this standard of strict confidentiality.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Employee Signature

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

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

\_\_\_\_\_  
Employee Printed name