CONFIDENTIALITY

Confidentiality Acknowledgment Review

I understand that while observing and/or participating in the XXX Council meetings, I may have access to information that is confidential or protected health information. **I agree that I will protect any and all such information by never disclosing, discussing or showing any confidential or protected health information from these coordinated care meetings with any unauthorized parties. I am participating in meeting(s) to coordinate care of treatment for the individuals I provide services to.**

“I certify that I have read and understand the confidentiality statement printed above and agree to those terms.”

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By signing you are agreeing to abide by the governing rules of XXX CIT confidentiality agreement outlined on page one of this form.

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