**CARE For Change, Inc**

**3621 N. Kelley Ave., Suite 100**

**Oklahoma City, OK 73111**

**Office: (405) 524-5525 Fax: (405) 524-5528**

**A Community Based Non-Profit Organization**

**Contractor Confidentiality Statement**

**It is the policy of CARE Inc. to maintain the absolute confidentiality of information pertaining to its clients. Any information concerning clients of the agency shall be discussed ONLY with persons who have specific need for the knowledge, and have appropriate authorization per agency policies. Client records may ONLY be shown or communicated to persons with proper authorization and only by contractors authorized to do so.**

**Any disclosure of client information to an unauthorized person, any misuse of identifying information or treatment information on a client is a major offense and the contractor is subject to immediate discharge.**

**Any person who violates regulation regarding release of information is subject to be fined in accordance with federal regulation (42 CFR, Part 2).**

**Policies and procedures regarding the release of client information are promulgated by the Executive Director, President CEO and Board of Directors as well through standard operating procedures of the agency.**

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**I have read the above confidentiality statement and I understand the important of confidential handling of client information and client records. I further understand that violation of this policy is a major offense and could result in my immediate discharge.**

**Contractor’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor's Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**