#  PENNDEL MENTAL HEALTH CENTER

 STATEMENT OF CONFIDENTIALITY

I, (*type name*) Click here to enter text. , as a staff member of Penndel Mental Health Center, indicate by my signature below that I have read this statement and will adhere to the provisions. I further certify that I have received and read a copy of D.P.W. regulations 5100.31 - 5100.35 (Pennsylvania Code Title 55 No. 123 - Feb. 1985).

I acknowledge that there may be different State and federal requirements regarding the confidentiality of records and communications for persons who are receiving drug and alcohol treatment or other specific types of services, and I will adhere to those requirements that take precedence in such cases. I will confer with my supervisor if I have any questions about this.

I recognize the right to privacy of all individuals who receive PMHC services. I will protect that right by obtaining prior written authorization of the individual to distribute information to specific individuals or agencies. This distribution will be based on a “need to know” and I will do my best to help the individual understand the written release. I will release only the information which is pertinent to the need of the requesting agency and which is in the best interest of the individual. I understand that State regulations supersede the Penndel Statement of Confidentiality and I will inform any individual who receives services of these exceptions upon request or when otherwise appropriate.

I will recognize the right to privacy by safeguarding all written material. I will not discuss service information in places where unauthorized people will likely hear that discussion.

I understand that willful violation of this Statement of Confidentiality constitutes grounds for dismissal for cause as outlined in the Penndel Mental Health Center Handbook of Personnel Policies and Clinical/Administrative Procedures.

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**Signature\*** **Date**

*\*If you are unable to print and sign this form, and instead will email it from your Penndel MHC address, then you attest that by typing your name in the spot below you affirm that it has the same authentication as your signature.*

**Type your name here in lieu of signature:** Click here to enter text.

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**Return this completed form to: Carrie Myers, HR Director, 2005 Cabot Blvd West, Suite 100, Langhorne, PA 19047 -or- cmyers@penndelmhc.org**

 [ ]  Human Resources verified sent via staff member’s email address if no signature provided.