

**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 as authorized by the Department.
* Any violation of Department policy with respect to confidentiality of health records/information may result in disciplinary action, which may include termination from employment.
* Violation of state and federal confidentiality laws may result in civil and criminal penalties set forth in RCW 70.24.080, RCW 70.24.084, and 45 CFR Parts 160 and 164.

Shape

Description automatically generated with low confidence

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.**

Distribution: **ORIGINAL** - Personnel/Training/Volunteer file **COPY** - Signatory