

OATH OF PERMANENT CONFIDENTIALITY

NWESD 189 Behavioral Health Program employees, approved volunteer interns participating in a licensure program, and recruited mentor volunteers must read, agree to, and sign this *Oath of Permanent Confidentiality*.

NWESD 189’s Behavioral Health Program requires the collection, use, and storage of confidential information in order to perform its service obligations. Disclosure of any such information is governed by the *Family Educational Rights and Privacy Act* (FERPA) and/or the *Health Insurance Portability and Accountability Act* (HIPAA), as well as additional local, state, and federal policies and laws.

The undersigned agrees not to divulge, publish, or otherwise make known to any unauthorized third party, orally or in writing, any information concerning a client other than to another NWESD 189 Behavioral Health Program or Quality Management staff member as necessary and allowed by law, except when:

- a youth or parent has provided written consent for the release of information;
- disclosure is required by law, including but not limited to, evidence of child abuse, harm to self or others, and some crimes; and/or,
- compelled by a court with jurisdiction to do so.

The undersigned agrees that the unauthorized disclosure of confidential information, whether intentional or not, will be cause for disciplinary action including dismissal; that he/she may be subjected to civil action; and, that state and/or federal criminal prosecution may occur.

The undersigned understands and agrees that she/he is permanently bound by this *Oath of Permanent Confidentiality* and all regulations regarding confidentiality including 42 Code of Federal Regulations (CFR) Part 2 governing Confidentiality of Alcohol and Drug Abuse Patient Records; 45 CFR Parts 160 and 164, the Health Insurance Portability and Accountability Act of 1996 (HIPAA); and Revised Code of Washington (RCW) 70.96A, Treatment for Alcoholism, Intoxication, and Drug Addiction. Obligations of confidentiality will not end if/when the undersigned is no longer employed by or a volunteer for the NWESD 189.

Understanding and agreeing to the above:

Executed this _____ day of _____, 20____

Employee Signature: _____

Employee Printed Name: _____

Witness _____ Title _____

Presented to Board: 06/26/13