

**PARTNERSHIP FOR A DRUG-FREE NC, INC.**

**CLIENT RIGHTS AND CONFIDENTIALITY POLICY**

I certify or affirm that as an employee or volunteer of Partnership for a Drug-Free NC, Inc., that I have reviewed the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2. I understand that any information disclosed to me is protected by Federal Law. These regulations prohibit further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.

I understand that I am responsible for maintaining confidentiality and that I am vulnerable to prosecution or civil penalties for the failure to comply.

I also agree to protect clients' and family member's rights as set forth in applicable federal and state laws and summarized in the Employee Handbook.

In addition, any information concerning present or past employees or employment is considered confidential information. This includes salary, work history, bonus pay, status, etc. All such inquiries are to be directed to the Human Resources Department or the President.

By signature below, I agree to comply with the above policies. I am aware that any violation of the above policies is cause for disciplinary action, up to and including termination. My signature also indicates that I have received a copy of the Employee Handbook.

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Date

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Signature

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Job Title