

**Partnership for a Drug-Free NC, Inc.**  
**Staff Training**

**Topic:** Confidentiality in the Context of Substance Abuse Prevention & Treatment

Please complete the following questions and submit the signed original to:

Quality Assurance Coordinator  
Insight Human Services  
665 W. 4<sup>th</sup> St  
Winston-Salem, NC 27101

1. John Smith calls for an appointment, at the request of his probation officer, but does not show up. His probation officer calls to find out if he showed up. Can we release this information? (Please check one)

Yes \_\_\_\_\_

No \_\_\_\_\_

2. List 5 exceptions for sharing confidential information.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

3. List 3 things that staff can do to protect client confidentiality.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. List the 2 confidentiality rules that apply to our services.

1. \_\_\_\_\_

2. \_\_\_\_\_

I have completed the on-line training and this competency test as a part of the staff training requirement for employees of Partnership for a Drug-Free NC, Inc.

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Location