

**Confidentiality Notice**

This document is specifically designed to clearly state the confidentiality policies and procedures related to client services provided by Crossroads Services, Inc. All case records, personnel records, and other files and documents maintained are the property of Crossroads Services Inc. Clients and personnel have the right to expect that only authorized persons shall be allowed access to these records. The following are all considered confidential:

**Confidential Communication**: is information that is either written or spoken and shared between clients and personnel in the course of service delivery and/or in the relationship between clients and the agency. The information that is exchanged is considered confidential and it is to be kept as such for all personnel and disclosed only to those people who are:

- Present at the time the information is shared and working to further the interest of the client.

- Working on behalf of the client, such as counselors, students, volunteers, etc.

- Not associated with an agency, but working on behalf of a client, such as an attorney, counselor, welfare worker, housing worker or other social service agent. In cases where information is disclosed to personnel on other organizations, a signed Release of Information Form must be obtained from the client.

**Confidential Information**: includes all information received by personnel in the course of service delivery or the agency’s relationship with a client, as well as any advice, report, or working paper given or made in the course of said relationship. Written materials received from other organizations or institutions after a client has designed a Release of Information form directing that the organization or institution release information to an agency is likewise confidential

All information that is shared in text or verbally shall be treated as confidential. I hereby agree to treat such information as confidential and will follow the CSI Confidentiality Policy and HIPAA Agreement as well.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Individual)

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Parent/Guardian/Caregiver)