



NOTICE OF CONFIDENTIALITY GUIDELINES

State Form 46490 (3-94)

Department of Correction
Substance Abuse Program

Facility

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser. Department of Correction staff members, other than Substance Abuse Counselors, may have access to this information when they have a compelling professional need for the information in connection with their duties that arise out of the provision of diagnosis, treatment or referral for treatment of alcohol or drug abuse. Otherwise, this information may not be released UNLESS:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

I agree to abide by all Federal and State laws concerning confidentiality and understand that violation of these laws will result in expulsion from the Substance Abuse Program.

Signature of client/offender

Date signed (month, day, year)

Signature of witness

Title