



CABARRUS HEALTH ALLIANCE

ACHIEVING THE HIGHEST LEVEL OF INDIVIDUAL AND COMMUNITY HEALTH THROUGH COLLABORATIVE ACTION

RECOGNITION OF PATIENTS' RIGHT TO PRIVACY

I UNDERSTAND AND ACKNOWLEDGE THAT:

- The services the Cabarrus Health Alliance provide for its clients are confidential.
- While receiving those services, clients furnish to the agency confidential information concerning their health and their lives.
- The integrity and credibility of the Cabarrus Health Alliance depend on, among other things, keeping such services and information confidential.

I recognize and acknowledge that a patient's service information and/or information contained in the client record can only be released by written consent of the patient, parent, or legal guardian of a minor; or as required by law. The medical record is the property of the Cabarrus Health Alliance. No original medical record, or portion of a medical record, will be removed from the facility (except to be taken to a satellite clinic or by subpoena of the original record). I also acknowledge that information regarding a patient should be shared only on a "need to know" basis with other employees of the Cabarrus Health Alliance.

I have read all of the above sections of this confidentiality statement and understand them. I further understand and agree that in the performance of my duties as an employee or volunteer, or student affiliation of the Cabarrus Health Alliance, I must hold all client information in confidence. I understand and agree that any violation of the confidentiality of the client information may result in disciplinary action, including termination of my employment and/or forfeiture the privilege of using the Cabarrus Health Alliance as a clinical agency.

(Employee Signature)

(Date)

(Position Title)

(Witness)

Revised 10/98

Public Health Authority of Cabarrus County Inc.

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