

## **Confidentiality Agreement between Resident and Service Coordinator**

As the Service Coordinator for \_\_\_\_\_, I agree to protect your right to privacy:

The information a resident reveals to the Service Coordinator will not be discussed with anyone else. A resident's personal information is not revealed to anyone, including property staff or your family, without your written permission, unless required by law.

The Service Coordinator uses a "Release of Information" form to obtain this permission. As needed, the Service Coordinator will request that you complete and sign this form. The properly executed form will allow the Service Coordinator to discuss your service needs and desires with specified community Service Coordinators, family members, physicians, and/or other individuals or organizations to link you to programs and services that will enhance your well-being.

### **Exceptions to Right of Confidentiality:**

Federal and/or state law may require me to disclose the following information:

- Abuse or neglect of any kind, including physical, mental, financial.
- Endangerment – residents who are a danger to themselves or others.
- Fraudulent activity and other violations of the law.
- Lease violations.
- Information pursuant to a proper court order.

### **Confidentiality Pledge:**

As your Service Coordinator, I agree to protect your right to privacy and confidentiality. I will not disclose any information about you without your written permission unless I am required by law to do so.

Service Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness by Resident: \_\_\_\_\_ Date: \_\_\_\_\_