

## **Hope and Healing Academy**

10437 SW 53<sup>rd</sup> Street, Topeka, KS 66610

hopeandhealingacademy.com

## **Confidentiality Agreement**

It is understood and agreed to that Hope and Healing Academy (HAHA), the identified discloser of confidential information, may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality the following conditions are understood and agreed to:

I understand that all patient information, including medical records, other medical information, billing and financial data, is confidential.

I agree to keep all patient information confidential.

I agree to comply with all HAHA Privacy Policies and Procedures including those implementing the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

I understand that if I violate patient confidentiality by using or disclosing patient information improperly, I may be subject to disciplinary action.

I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use or disclosure of patient information, I shall ask my supervising instructor, or HAHA Clinical Director.

I understand and agree that the HAHA Privacy Policies and Procedures will apply to all patient information even after my observation, visit, or demonstration has been completed.

I understand that no information about any patients I may observe or hear discussed while at HAHA, at any time thereafter may be transmitted to any third party or person via text message, posting on any social network or another online site, or via any other written or verbal communication.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information	Discloser of Confidential Information	
Name:	Name:	Chris A. Moran, LSCSW
Signature:	Signature:	
Date:	Date:	