

FIREHOUSE SERVICE COORDINATION PROGRAM CONFIDENTIALITY AGREEMENT

Confidentiality is protecting another person's right to privacy.

The information you reveal to the service coordinator will not be discussed with anyone else. This confidentiality means that your personal information is not revealed to anyone, including your family, without your written permission, unless required by law.

A *Release of Information* form is used to obtain this permission. As needed, the service coordinator will request that you complete and sign the Release of Information form. The properly executed form will allow the service coordinator to discuss your service needs and desires with the specified community service providers, the EMS Coordinator and Fire Division staff, family members, physicians, and/or other individuals in order to link you to programs and services that will assist you in remaining independent and self-sufficient.

Exceptions to Right of Confidentiality

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

- Abuse/Neglect/Adult Protective Services: It may be necessary to report residents who are endangering themselves or others within the home to the proper authorities.
- It may be necessary to disclose information pursuant to a proper court order.
- It may be necessary to report to the proper authorities any information related to suspected fraudulent activity or other violations of the law on your part.

Confidentiality Pledge

As the service coordinator, I _____ (print SC's name) 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 or the policy above to do so.

Service Coordinator Signature _____ Date _____

I, _____ (print resident's name) understand that my file may be reviewed for the purposes of assuring compliance of the *Firehouse Service Coordination Program*. I understand that information included in my file will continue to remain confidential.

Resident Signature _____ Date _____

Service Coordinator: Provide the resident a copy of this signed form.