OATH OF CONFIDENTIALITY

King County Behavioral Health and Recovery Division

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree not to divulge, publish or otherwise | |
| **NAME OF PERSON TAKING OATH** | |
| make known to unauthorized persons, any information obtained through the King County Behavioral Health and Recovery Division or any of its service sites or contractors regarding persons who have received services or were referred for services, such that the person who receives such services is identifiable. (42 Code of Federal Regulations [CFR] Part 2, 45 CFR Parts 160 and 164, Chapters 70.96A, 71.05, 71.24, and 71.34 Revised Code of Washington [RCW], Chapter 388-877 Washington Administrative Code [WAC]).  I understand that my obligations to protect client confidentiality continue despite any termination of employment or change in job responsibilities.  I have read and agree to comply with the King County Behavioral Health and Recovery Division Policies and Procedures on Protection of Confidential Client Information.  I recognize that unauthorized disclosure of confidential information may subject me to civil liability or criminal proceedings under the provisions of state law (RCW 70.02.170, RCW 71.05.440) and/or federal law (42 CFR Part 2 and 45 CFR Parts 160 and 164).  I further recognize that a request for or receipt of confidential information under pretense may subject me to criminal liability, which is punishable as a gross misdemeanor. | |
| SIGNATURE OF PERSON TAKING OATH | DATE |
| SIGNATURE OF WITNESS | |
| SIGNATURE OF SUPERVISOR | TELEPHONE |
| SIGNATURE OF SITE SUPERVISOR | TELEPHONE |