OATH OF CONFIDENTIALITY – Research and Evaluation Data Sharing Agreement

King County Behavioral Health and Recovery Division

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| I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree not to divulge, publish or otherwise make | |
| **NAME OF PERSON TAKING OATH** | |
| known to unauthorized persons, any information obtained through the King County Behavioral Health and Recovery Division (BHRD) 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 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 | |
|  | |
| **The above individual has been informed of the limitations, use, or publishing of confidential information.** | |
| SIGNATURE OF SUPERVISOR | TELEPHONE |
| SIGNATURE OF SITE SUPERVISOR | TELEPHONE |