integral care

Confidentiality Agreement for Visitors, Observers and Volunteers

Name _____

Organization _____

Location _____ Date of Visit _____

Integral Care Contact _____

I understand that as a visitor, observer or volunteer at Integral Care, I may be in a position to observe individuals who are receiving services from Integral Care. I also understand that the identities of these individuals, the fact that they are receiving services from Integral Care and any information about their relationship with Integral Care are protected by state and Federal privacy laws.

As a condition of having access to Integral Care as a visitor, observer or volunteer, I agree that I will not at any time during any such visit take photographs or recordings of any kind of any client, unless the client provides consent to Integral Care in writing. I also agree that I will not at any time, even after my visit has been completed, identify any individual receiving services from Integral Care (unless they have signed a consent form for media purposes), approach anyone receiving services from Integral Care socially to discuss Integral Care services or the fact that the individual is or was receiving services from Integral Care. I understand that violation of this covenant of confidentiality could result in a complaint being filed against me and Integral Care with the Attorney General of Texas or the U.S. Office of Civil Rights, and could also result in potential civil or criminal penalties.

I have reviewed this agreement, understand the terms of this Agreement and have been given an opportunity to ask any questions regarding this Agreement or the covenants contained in this Agreement.

Signature _____ Date _____