

Rose Brooks Center

Visitor Pledge of Confidentiality

In consideration of my association with Rose Brooks Center, and as an integral part of the terms and conditions of my association, I hereby agree, pledge and undertake that I will maintain the confidentiality of any information that would identify individuals served by Rose Brooks Center and any information or records that are directly related to the services provided to such individuals during my association with Rose Brooks Center, or after my association ends.

Further, I hereby agree, pledge and undertake that I will not at any time, during my association with Rose Brooks Center, or after my association ends, access or use personal health information, or reveal or disclose to any persons within or outside of Rose Brooks Center, any personal health information of clients served by Rose Brooks Center.

I understand that my obligation outlined above will continue after my association with Rose Brooks Center ends.

I further understand that my obligations concerning the protection of confidentiality of personal health information and client identity relate to all personal health information whether I acquired information through my association with Rose Brooks Center.

I also understand that unauthorized use or disclosure of such information could result in the imposition of fines pursuant to applicable state, or federal regulations and a report to my professional regulatory body.

I, undersigned, have read and understand the Pledge of Confidentiality.

Signature of Individual Making Pledge

Date Signed

Name of Individual Making Pledge (Print)