



CONFIDENTIALITY AGREEMENT

The confidentiality of recovering persons living in a supportive living environment can be protected under Federal Law 42CFR, which protects residents from anyone outside of the program having knowledge of their participation in the program without that resident's specific permission. No information regarding a resident of Never Alone Recovery, . dba Never Alone Recovery may be released to anyone outside of the program unless:

1. The resident has signed a consent form to that person/agency.
2. A court order is issued to **NEVER ALONE RECOVERY** for information on a specific person.
3. Medical personnel require the information in a medical emergency.
4. The resident threatens to harm themselves or someone else.

Federal Law does not protect a resident if they commit a crime against anyone at **NEVER ALONE RECOVERY**. Also, Federal Law does not restrict sharing of information regarding reported child abuse/neglect to appropriate state and local authorities.

These laws apply not only to the staff and/or volunteers of **NEVER ALONE RECOVERY** but to the residents as well.

I, _____, agree to not reveal to anyone outside of the **NEVER ALONE RECOVERY** program the name, identity, or description of another resident. I also agree to not discuss the personal and/or sensitive content of conversations or groups with anyone outside of **NEVER ALONE RECOVERY**. This includes sharing at 12 Step meetings about other residents in a specific way.

I agree to inform staff if any of my peers reveal any information about themselves or another resident that may be a cause for concern.

Resident Signature

Date

Staff Signature

Date