



HEALTHY RECOVERY OPTIONS

Specializing in Assessments and Counseling

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Acknowledgement of the Confidentiality Policy

I acknowledge that I have read and understand the Confidentiality Policies and how the confidentiality of alcohol a drug and abuse client records are maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcohol and drug abuser unless:

1. **The client consents in writing (releases of information)**
2. **The disclosure is allowed by court order; or**
3. **The disclosure is made to medical personnel in a medical emergency or to qualifier personnel for research, audit, or program evaluation.**
4. **The client commit or threatens to commit a crime either at the program or against any person who works for the program.**

Violation of the Federal Law and regulations by a program is a crime. Suspected violations may be reported to the United States attorney in your district or to the State of Kansas SRS _Addiction and Prevention Services.

Federal; Laws and regulations do not protect any information about suspected child abuse or neglect from being reported under the State law to appropriate state or local authorities.

(See 42 U.S.C. 290dd-e and 42 U.S.C.290ee-3 for Federal laws and 42 CRF Part 2 for Federal regulations.)

I have read and understand the Confidentiality Policy. By signing this form I acknowledge that the policy was explained to me and that I received and/or was offered a copy of the policy.

Client Signature _____

Date _____

Witness Signature _____

Date _____