

**SEDGWICK COUNTY DEVELOPMENTAL DISABILITY ORGANIZATION
CONFIDENTIALITY AGREEMENT FOR NON-EMPLOYEES**

I, the undersigned, acknowledge that during the course of my voluntary participation or performance of duties with the Sedgwick County Developmental Disability Organization (hereinafter "SCDDO") that I may receive access to confidential information of SCDDO that is prohibited from disclosure to others.

"Confidential Information" means information provided by SCDDO that is not commonly available to the general public, or is required by law or regulation to be protected from disclosure to third parties not considered part of the facility's "workforce" as that term is defined by federal and state health information privacy regulations including, but not limited to the Health Information Portability and Accountability Act. Confidential Information includes information contained in patient medical records and any other health information which identifies a patient; quality assurance, research or peer review information; and information concerning the facility's employees, services or business operations. Such information can be acquired by any means and in any form, written, spoken or electronic.

In exchange for the opportunity to voluntarily participate or perform duties for the Sedgwick County Developmental Disability Organization, I agree not to share, disclose or discuss Confidential Information with anyone who does not have a legitimate interest in such information. I will abide by Sedgwick County's policies and procedures concerning the use or disclosure of Confidential Information and I will contact a SCDDO representative if I have any questions regarding these policies and procedures.

I will maintain and protect the privacy of SCDDO's employees, medical staff and patients in my use and disclosure of Confidential Information and I will not misuse or be careless with such information. I understand that any violation of this Agreement or SCDDO's policies related to access, use or disclosure of Confidential Information may result in significant legal ramifications for which I will be held solely responsible with respect to this Agreement.

I acknowledge that I have reviewed all of the information above. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at SCDDO.

Name (please print)

Signature

Date

CONFIDENTIALITY AGREEMENT USES INCLUDE:

Quality Assurance Committee (QAC): As a member of the QAC on-site monitoring team, information will be provided which describes an individual's person-centered supports. Members will observe the individual and the services they receive as well as conduct interviews of the direct care staff. The Targeted Case Management agency establishes their review teams and will ensure that the Sedgwick County HIPPA Basic Training and Confidentially Agreement is completed prior to of review of services. Please contact SCDDO QA Coordinator for questions or concerns related to this role; SCDDO Main number 316-660-7630.

Community Council Speakers Bureau: As a Community Council Speakers Bureau participant, individuals or family members may disclose personal information related to an individual's health or disability and this information must be considered confidential. All relevant policies and procedures concerning the use or disclosure of confidential information are covered during orientation, but if you have any questions or require additional copies please contact Jeannette Livingston at the SCDDO 316-660-7630.