

## Confidentiality Statement

I, the undersigned, understand and agree to abide by the following in order to ensure that all records and data pertaining to the client are kept confidential.

Furthermore, I understand that violation of this confidentiality statement is subject to appropriate disciplinary action(s) on the part of the body art facility that could include being discharged from my position and/or being subject to civil and possible criminal penalties brought against me. By initialing the following statements, I further agree that:

\_\_\_\_\_ Reports, records or information cannot be released except to appropriate authorities (state or local health department officials, etc.).

\_\_\_\_\_ Any document to be disposed of that contains patients identifiers shall be destroyed according to Section 12.5 of the "Requirements for Body Art Facilities."

\_\_\_\_\_ All confidential records shall be kept according to Section 12.2 of the "Requirements for Body Art Facilities."

\_\_\_\_\_ I will not receive visitors when confidential information is out or visible.

\_\_\_\_\_ I will not disclose/give my computer password or office keys to unauthorized persons.

\_\_\_\_\_ Data generated and records used by the contracted/ employee remains the property of the body art facility and not the individual contractor/ employee.

\_\_\_\_\_ I will not discuss any identifying client information without the client's knowledge and approval, except in the performance of job-related contract duties.

\_\_\_\_\_ Knowledge of someone's medical status is to be treated confidentially and is not to be shared with persons outside of the body art facility or with contracted or co-workers unless they have the need to know in order to prevent disease transmission.

\_\_\_\_\_ Infringement of these rules will be documented.

Contractor/Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Owner/Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_