

**CONFIDENTIALITY STATEMENT**

Through my signature on this form, I recognize that I have been apprised of the confidentiality requirements outlined in Section 748 and 748a of the Mental Health Code. I further recognize and agree that information classified as confidential, which includes all written and unwritten information regarding those served of Sanilac County Mental Community Mental Health, shall never be disclosed under any circumstances to anyone other than an authorized staff member of Sanilac County Community Mental Health.

If access to an individual’s records is required under my work assignment, I understand that information in the individual’s file is confidential, and I will make no attempt to read information that is not directly related to the completion of my work assignment.

I also understand and agree that I will not take any pictures or videos which may include individuals for personal or business use with devices or other methods nor will I post, discuss or otherwise share any confidential information that I may see in connection with my association with Sanilac County Community Mental Health on any social media site.

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Signature Date

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Site Supervisor Signature Date