



# Guest Confidentiality Agreement

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

By Federal law<sup>1</sup>, guests at Stepworks are prohibited from disclosing information regarding **a person's presence in a drug/alcohol treatment facility** to anyone without the patient's written consent. As a guest, this means you may not disclose any written or oral information regarding any patient (past or current). This includes any reference to identity, physical whereabouts, diagnosis, treatment, and prognosis. If you violate any provision of this regulation, you may be subject to fines and penalties.

**Confidentiality Statement:** Having read the above, I am aware that all patient information must be held in strict confidence and not discussed with anyone. I have read and am willing to comply with the above statement and the Stepworks Visitation Guidelines.

If your family member is a current patient, write your email address below to receive the Stepworks **Family Education Packet**.

Printed Name	Signature	Email Address	Reason for Visit	Time In	Time Out
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<sup>1</sup>There are two laws (Title 42, of the Code of Federal Regulations (42 CFR Part II 6-9-87), and the Health Insurance Portability and Accountability Act, [HIPAA]) governing the confidentiality of alcohol and drug abuse consumers. This regulation was designed to insure the privacy of any individual who seeks treatment for substance abuse/alcoholism.