



Confidentiality and COVID-19 Agreement

Stepworks Alumni Celebration Event: Date: ____ / ____ / ____

As our guest, please remember...

By federal law, Stepworks' guests must not disclose information about anyone's presence in a drug/alcohol treatment facility to anyone without the patient's written consent. This means do 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 must not be discussed with anyone. I have read and will comply with the above statement and the Stepworks Visitation Guidelines.

Photo/Video Release

I grant Stepworks permission to the rights of my image, likeness, and the sound of my voice as recorded on audio or video without payment or any other consideration for use by the company. I understand that my image may be edited, copied, exhibited, published, or distributed. I waive the right to inspect or approve the finished product. I also waive any right to royalties or other compensation for the use of my image or voice recording. By signing this release, I understand this permission signifies that all content may be electronically displayed via the Internet (stepworks.com, Facebook, Twitter, Instagram, etc.) or other settings. There is no time limit on the validity of this release, nor is there any geographic limitation on where these materials may be distributed.

COVID-19 Statement

I also certify that I do not have any symptoms of COVID-19 and, to the best of my knowledge, have not been exposed to anyone with COVID-19 symptoms in the last 14 days. COVID-19 symptoms include fever, cough, shortness of breath or difficulty breathing, chills, muscle pain, sore throat, and new loss of taste or smell.

