



Guest Confidentiality/COVID-19 Agreement

Date: ____ / ____ / ____

By Federal law¹, 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.

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

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

¹There 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.