

# Pledge of Confidentiality

Confidentiality of all records and patient’s information is essential. All information obtained in connection with the examination, care, referral or services provided to any person(s) by Special Health Resources for Texas, Inc. or any of its DBAs, and any of its employees, contractors or volunteers is not disclosed, without the patient's written consent. Except in cases required by the law.

However, information may be disclosed:

- A. In statistical or other summary forms; or
- B. In Case Reports, but only if the identity of the individual(s) described in the Report is not revealed and cannot be discerned.

The *Standards for Privacy of Individually Identifiable Health Information* ("Privacy Rule") establishes, for the first time, a set of national standards for the protection of certain health information. The U.S. Department of Health and Human Services ("HHS") issued the Privacy Rule to implement the requirement of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). The Privacy Rule standards address the use and disclosure of individuals' health information—called "protected health information" by organizations subject to the Privacy Rule — called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used. Within HHS, the Office for Civil Rights ("OCR") has responsibility for implementing and enforcing the Privacy Rule with respect to voluntary compliance activities and civil money penalties. (<https://www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/index.html>).

Special Health Resources for Texas, Inc. complies with the Security and Privacy rules (<https://www.ecfr.gov/current/title-45/part-164>) and implements disciplinary actions toward any person associated with Special Health Resources who violates Federal and State laws on confidentiality.

Patients, board members, employees, contractors, volunteers and any other appropriate individual receive a copy of the Client Confidentiality Policy. By signing this form, the individual accepts understanding of the policies addressing HIPAA and Confidentiality. Employees, volunteers, Board Members and contractors will update this form yearly and maintained in the appropriate chart (in paper or electronic form).

All persons participating on any Special Health Resources activity must be informed of our policy regarding confidentiality. By signing this form, the individual accepts understanding of the policies addressing HIPAA and Confidentiality. Patients and other program participants will update this form yearly and maintained in the appropriate chart (in paper or electronic form)

With my printed name and signature below, attest and agree that I have read this pledge and agree to follow the policies guidelines regarding confidentiality, and to protect everyone at Special Health Resources for Texas. Confidentiality is protected by the Federal Law.

Pledger Printed Name \_\_\_\_\_

\_\_\_\_\_  
Pledger Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Printed Name and Signature

\_\_\_\_\_  
Date