



CONFIDENTIALITY STATEMENT AND PRIVACY AGREEMENT

I, _____, in my position as a Multi-purpose Committee Member, agree to not disclose any consumer information to any individual not seated on the Multi-purpose Committee.

I fully understand that if I, at any time, violate the privacy rules, I will be in violation of State and Federal Regulations. I therefore, agree to hold harmless, Summit Psychological Associates, Inc. and the County of Summit Board of Development Disabilities from any responsibility or liability arising out of any violation of my participation.

The Multi-purpose Committee has reviewed with me the requirements and responsibilities regarding confidentiality and HIPAA Privacy.

I understand and agree to the terms above.

Signature

Date

Witness

Date