

BOARD MEMBER CONFIDENTIALITY AGREEMENT

I, _____, understand that in the performance
(Board Member Name)

of my duties as a board member for _____ ,
(County Aging Provider Agency Name)

I may have access to privileged information about service recipients, including medical, insurance and other confidential/personal data. I will restrict my use of such information to the performance of my duties. I will not discuss any case or mention any service recipient's name, or otherwise reveal or disclose information pertaining to any service recipient, except when in direct contact with other federal, state or local agencies, and then only for the purpose of assisting the service recipient or for providing information required by our Notification of Grant Award and/or state and federal regulations.

I hereby acknowledge my obligation to respect the privacy and the confidentiality of the information pertaining to service recipients and to exercise good faith and integrity in all dealings with service recipients and their personal information. I also understand that any unauthorized use or disclosure of information pertaining to a service recipient may result in my immediate suspension and/or dismissal from the board of directors and may subject me to civil liability for breaching the service recipient's right to privacy.

Board of Directors Member

Date

Agency Director (or designee)

Date