**Confidentiality Statement**

I, the undersigned, understand and agree to abide by the following in order to ensure that all records and data pertaining to the client are kept confidential.

Furthermore, I understand that violation of this confidentiality statement is subject to appropriate disciplinary action(s) on the part of the body art facility that could include being discharged from my position and/or being subject to civil and possible criminal penalties brought against me. By initialing the following statements, I further agree that:

 Reports, records or information cannot be released except to appropriate authorities (state or local health department officials, etc.).

 Any document to be disposed of that contains patients identifiers shall be destroyed according

to Section 12.5 of the “Requirements for Body Art Facilities.”

 All confidential records shall be kept according to Section 12.2 of the “Requirements for Body

Art Facilities.”

 I will not receive visitors when confidential information is out or visible.

 I will not disclose/give my computer password or office keys to unauthorized persons.

 Data generated and records used by the contracted/ employee remains the property of the body art facility and not the individual contractor/ employee.

 I will not discuss any identifying client information without the client’s knowledge and approval, except in the performance of job-related contract duties.

 Knowledge of someone's medical status is to be treated confidentially and is not to be shared with persons outside of the body art facility or with contracted or co-workers unless they have the need to know in order to prevent disease transmission.

 Infringement of these rules will be documented.

Contractor/Employee Signature: Date:

Owner/Manager Signature: Date:

Oath.wpd (6/02)