

Confidentiality Statement

**All of us at Alliance for Living take confidentiality issues very seriously.
It is the law.**

As a visitor at the Alliance for Living, you may hear personal information about members, volunteers, or staff. Visitors must keep such information in strict confidence. Information about other people including names, addresses, phone numbers, health, HIV status, finances, living arrangements, and/or employment is personal and confidential. It must not be shared with anyone not directly involved with the program and without the express permission of the person in question.

Please acknowledge your understanding of this policy by printing and signing your name, as indicated, and entering the date in the spaces provided below.

I, _____, as a visitor at the Alliance for Living, understand that in the course of my affiliation with this agency, I may have access to confidential and personal information about other individuals including clients, members, volunteers, and staff. I understand that this information is not to be shared with anyone outside of agency staff. Information about others to which I may have access includes, but is not limited to: HIV status, last name, place of residence, place of work, past and current drug use, sexual and medical history, including medical treatment, and any other personal, confidential information that may reveal the identity of an individual, client, member, volunteer, or staff of the agency. **By signing this form I state that I understand and agree to abide by this policy.**

I also understand that violation of this pledge of confidentiality may result in immediate dismissal from the Alliance for Living and may result in legal action against me by the individual whose confidentiality I have violated.

Signature		Date
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Witness Signature		Date
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Serving the HIV/AIDS Community of Southeastern Connecticut
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