



Health Affiliates Maine

Statement of Confidentiality

Client Name: _____

Clinician Name: _____

The confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal law and regulations. Generally, the program may not disclose to a person outside the program that a client is attending the program or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The client consents in writing;
2. The disclosure is permitted by a court order;
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation;
4. A review is being conducted by an accredited licensing body;
5. Mandated reporting of suspected or known abuse or neglect of a child or incapacitated or dependent adult.

Federal law and regulations do not protect any information relating to a crime committed either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law and regulations do not protect any information relating to suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

Violations of Federal laws and regulations by a program are a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. I understand that I have a legal right to report any violation to the director of this program, or to the Substance Abuse Mental Health Services (SAMHS), Department of Health and Human Services, 41 Anthony Ave., Augusta, ME 04333.

Signatures:

Client (14 years and older) _____ Date _____

Parent/Guardian _____ Date _____

Clinician _____ Date _____

www.healthaffiliatesmaine.com
Sharing a Journey to Wellness