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Non Disclosure Agreement

ARIEL CLINICAL SERVICES has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their records.

In the course of my contract at ARIEL CLINICAL SERVICES, I may come into possession of confidential client information, even though I may not be directly involved in providing client services. I understand that such information must be maintained in the strictest confidence.

As a condition of my contract, I hereby agree that, unless directed by my case manager or other Ariel employee, I will not at anytime during or after my contract with ARIEL CLINICAL SERVICES, disclose any client information to any person whatsoever or permit any person whatsoever, to examine or make copies of any client reports or documents, other than as necessary in the course of my contract.

When client information must be discussed with other health care practitioners in the course of my work, I will use discretion to ensure that such conversations cannot be overheard by others who are not involved in the client's care.

I understand that violation of this agreement may result in corrective action, up to and including discharge.

Signature

Date _____