



Provider Confidentiality Agreement

Ariel Clinical Services has a legal and ethical responsibility to safeguard the privacy of all individuals and to protect the confidentiality of their records.

In the course of being an Independent Contractor with Ariel Clinical Services, I understand I may come into possession of confidential information about people receiving services, even though I may not be directly involved in providing those services.

I understand such information must be maintained in the strictest confidence. I hereby agree that I will not, at any time during or after my agreement with Ariel Clinical Services, disclose any individual's information to any person whatsoever or permit any person to examine or make copies of any reports or other documents prepared by me, unless directed by Ariel.

When an individual's information must be discussed with other professionals involved in the care, I will use discretion to ensure such conversations cannot be overheard by others who are not involved in the person's care. This includes but not limited to restaurants, community activities, shopping centers, etc. I will also ensure a Release of Information is signed by the individual or their guardian allowing for the exchange of information.

I understand it is a breach of confidentiality to post any information pertaining to an individual, an individual's family, history, or case on the internet. This includes photos, names, and any other content about the individual on any social media sites such as, but not limited to, Facebook, Instagram, Twitter, TikTok.

I understand that photos are only authorized when consented by the member or authorized representative for specific uses: 1) To display in the home of the residential provider and 2) Therap documentation and records. Any other photo use must be authorized specifically via Ariel Photo Release. In order to record behaviors or serious medical events, a behavioral or medical specialist must provide a letter of necessity and a rights modification for privacy must be developed.

I understand I am responsible for ensuring the protection of this information with other members of my household, guests, friends, and/or family members.

I understand that violations of this agreement may result in immediate closure of my home.

Signature

Date

Signature

Date