## **Service Coordination Confidentiality Agreement**

Resident Name:	
The information you give the service coordinator in the performance best serve your needs, to develop meaningful service plans, to monitor the quality of services you receive, it will be necessity providers. However, this information will not be shared with required by law.	o determine continuing eligibility for services, and ssary to share your information with other service
We utilize a Release of Information form to obtain this permit require that you complete and sign this form. The properly ex- obtain financial information from the manager, discuss your secommunity service providers, family members, physicians, a programs and services that will assist you in remaining self-se	secuted form will allow the service coordinator to service needs and desires with the specified nd/or other individuals in order to link you to
<b>Exceptions to Right of Confidentiality</b>	
Federal and/or state law or your lease may require the service  • Adult Protective Services referrals: It may be necessare exploited.	
<ul> <li>It may be necessary to disclose information pursuant</li> <li>It may be necessary to report any information related of law on your part.</li> </ul>	
<ul> <li>The general expectation that the service coordinator vapply when disclosure is necessary to prevent serious other identifiable person.</li> </ul>	<u>-</u>
It is the responsibility of any employee or contractor, including the manager. The service coordinator can help prevent eviction	= = = = = = = = = = = = = = = = = = = =
If any of the above instances occur, the situation must be brothat person is ultimately responsible for the welfare of the res	
Finally, to ensure good service coordinator program policies social work practice is followed, resident files will be monitor	
Confidentiality Pledge	
As your service coordinator, I agree to protect your right to p information about you without your written permission unles	
Service Coordinator Signature	Date