



## NUTLEY FAMILY SERVICE BUREAU

973.667.1884 • 155 Chestnut Street, Nutley, NJ 07110

### Confidentiality Acknowledgement

I, \_\_\_\_\_, acknowledge and agree that it is my responsibility to safeguard the confidentiality of information relating to individuals and families utilizing the services of the Nutley Family Services Bureau (NFSB). I understand that such information is highly sensitive and personal in nature.

I acknowledge and agree not to disclose any such confidential or sensitive personal information during and after my relationship with NFSB, to hold all such confidential or sensitive personal information in confidence, and not discuss, communicate or transmit to others, or make any unauthorized copy of or use the confidential or sensitive personal information in any capacity, position, or business unrelated to NFSB.

I acknowledge and agree not to disclose or divulge any confidential or sensitive personal information to any person, individual or firm, association or corporation other than the NFSB.

NFSB is required by HIPAA to insure that the protected health information that identifies any and all clients is kept private. **“Protected health information”** is information, including demographic information, that may identify the client and relates to his/her past, present or future physical or mental health condition and related healthcare services. I understand that such information, client’s names or other data taken from this building by me without an authorization to release information signed and dated by both parties is prohibited. Such information also includes the usage of electronic devices, mobile phones, laptops, tablets, cameras or other technical applications. In addition, the usage of photographs or email with names, dates of birth or social security numbers is also prohibited.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

***For individuals under the age of 18 years old:***

Signature of Parent or Legal Guardian: \_\_\_\_\_

Printed Name of Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

I agree that this agreement may be electronically signed. I agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity, enforceability, and admissibility.