

**INMATE ACKNOWLEDGMENT OF RESPONSIBILITY TO MAINTAIN
CONFIDENTIALITY OF HEALTH OR SUBSTANCE ABUSE INFORMATION**

Because of your assignment as an inmate worker, inmate assistant, substance abuse peer facilitator, or other similar assignment, you may hear or see health or substance abuse information about other inmates while working in a health care unit or a substance abuse program or assisting other inmates.

All health or substance abuse information about another inmate must be kept confidential and private.

By signing this form, you are stating that you understand that you must keep confidential and private all health or substance abuse information that you may see or hear while performing your duties and responsibilities, and you further state that you understand that you will not give this health or substance abuse information to or talk about this health or substance abuse information with any person except health care staff or substance abuse program staff.

Failure to keep health or substance abuse information confidential and private, shall subject you to disciplinary action for violation of department rules.

Signature of Inmate

Inmate's Printed Name

Date

DC Number