CERTIFICATION OF ADHERENCE TO CONFIDENTIALITY

This is signed documentation I have been oriented

regarding the following "Confidentiality" Policy:

All information concerning clients is confidential

medical information. This information includes

medical records, counseling records and any

other information about the client, including

the fact that an individual is a Health Department client.

I will not disclose any information I have had access to.

I can personally/financially be held responsible.

I assure you that I agree to comply with this policy.

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Signature Date

6/16/16 KS

897 East Iron Avenue

Dover, Ohio 44622

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