



## **STATEMENT OF CONFIDENTIALITY OF INDIVIDUAL INFORMATION**

As a Lake County Board of Developmental Disabilities (DD) employee, consultant, volunteer or (other) \_\_\_\_\_, you are allowed access to individual or program information when a legitimate “need-to-know” exists. Along with your right to access individual information is the obligation to treat such information with respect and discretion for the individual’s right to privacy. The Lake County Board of DD’s Policy on confidentiality (A-5) and Program Records Policy (A-11) contain specific guidelines for review and use of materials from individual program records. As an employee, volunteer, or consultant, you are required to be knowledgeable of the specific revisions of these policies and supporting procedures which are contained in each policy manual located in the program director’s office and available for your review.

The Board’s Policies on Confidentiality and Program Records clearly require that any information about a person served by the Board or from an individual’s record be disclosed only to authorized persons and only on the condition that the party to whom the information is disclosed will not disclose the information to an unauthorized party without the prior consent of the adult individual, parent or guardian.

Unauthorized access, disclosure, and/or dissemination to unauthorized persons may subject you to agency disciplinary measures and/or subject you to liability under Federal and State Law.

I certify that I have read and thoroughly understand the provisions and directives of the *Statement of Confidentiality of Individual Information* contained herein. I am also aware that should I require further clarification or interpretation of any provisions of this statement that I am directed to contact my immediate supervisor for assistance.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department/Agency/School District