

**ENVISION CLINIC, PLLC**  
**d/b/a Envision Counseling Clinic**

**Policy on Confidentiality and Staff Member Verification**

Given the nature of our work, it is imperative that Envision Clinic d/b/a Envision Counseling Clinic (hereinafter “ECC”) maintains the confidence of all client information received in the course of our work. ECC prohibits the release of any client information to anyone outside the immediate staff involved with the client except in limited circumstances. Authorized uses and disclosures of protected health information (“PHI”) within the organization should be limited to the minimum necessary that is needed for the recipient of the information to perform his/her job. Acceptable uses of PHI within the organization include, but are not limited to: client records, treatment plans, notes, diagnosis, peer review, internal audits, and quality assurance and billing. Other authorized uses or disclosures of PHI may be found in ECC’s Notice of Privacy Policies

By signing this Policy on Confidentiality you agree to the following:

I understand ECC provides services to clients that are private and confidential and that I am a crucial step in respecting the privacy rights of ECC’s clients. I understand that it is necessary, in the rendering of ECC services, that clients provide personal information and that such information may exist in a variety of forms such as electronic, oral, written, or photographic and that all such information is strictly confidential and protected by federal and state laws that prohibit its unauthorized use or disclosure.

I affirm I have received training in the confidentiality policies and procedures set in place by ECC, and I agree to comply with such policies and procedures during my entire employment with ECC. If I, at any time, knowingly or inadvertently, breach the ECC’s confidentiality policies and procedures, I agree to notify my supervisor immediately. In addition, I understand that breach of client confidentiality or privacy may result in disciplinary action up to and including suspension or termination of my employment with ECC.

I understand and agree that upon separation of my employment with ECC for any reason, or any time upon request, I agree to return any and all confidential information in my possession. I will not contact the clients for any reason, and if contacted by a client, I will inform him/her that I must consult with ECC for advisement, which I will do forthwith.

I have read and understand all privacy and confidentiality procedures that have been provided to me by ECC. I agree to all conditions of my employment set forth in this agreement and my Employment Agreement.

Dated this \_\_\_ day of \_\_\_\_\_, 20\_\_.

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Signature

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Printed Name