CONFIDENTIALITY PLEDGE
PROTECTED CLIENT INFORMATION

I, the undersigned, have read and understand Catholic Charities of the Diocese of La Crosse, Inc’s (CCDL) policy on the protection of confidential client information as described in the organization’s Notice of Information Practices. This policy is in accordance with relevant state and federal legislation, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), CFR Title 45, Public Welfare and Human Services.

I also acknowledge that I am aware of and understand the corporate policies of CCDL regarding the confidentiality of protected client information including the policies relating to the use, collection, disclosure, storage and destruction of protected client information.

I understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including termination of employment and/or a report to my professional regulatory body, school or temporary agency (if applicable).

I also understand that intentional disclosure or unlawful use of such information may result in civil or criminal liability for myself or CCDL pursuant to relevant State and Federal legislation.

I understand that my obligations to protect client information, in terms of disclosure, will continue after my employment or volunteering with CCDL ends.

Name of Individual Making Pledge (Please Print)

SIGNATURE OF INDIVIDUAL MAKING PLEDGE
I have been informed of the contents of CCDL’s Confidentiality Policy with respect to protected client information and the consequences of a breach.

X  DATE SIGNED:

9/2004