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OTHER OPTIONS, INC., & FRIENDS FOOD PANTRY Client Confidentiality Policy: An Employee Pledge of Compliance with Policy

I realize that Food for Other Options, Inc. or Friends Food Pantry provides meals and groceries to homebound people with HIV/AIDS. Therefore, as an employee/volunteer of Other Options, Inc., I understand that in the course of my work I may learn certain facts about the individuals being served by Other Options, Inc. that are highly confidential and personal in nature. This information may include, but not be limited to, the following examples: medical information and records concerning diagnostic evidence, symptoms, medications, and treatment; dietary requirements and restrictions; sexual orientation; living arrangements; household conditions; address and telephone number; social security number; date of birth; finances; and family relationships. I understand that all information must be treated as completely confidential and that any prior acquaintance with a client or prior knowledge of any personal information related to that client shall not in any way limit my responsibility to adhere to the requirements set forth in the policy.

I agree not to disclose any information of a personal and confidential nature to any employee or volunteer who is not authorized* by Other Options, Inc. or Friends Food Pantry to have such information or any other person who is not affiliated with Other Options, Inc. without the specific consent** from the individual client to whom such information pertains, and Other Options, Inc. Directors. It is a condition of employment that an employee/volunteer abide by this policy. I understand that any violation of this pledge or a breach of confidence by an unauthorized disclosure of information, whether intentional or careless in behavior, will be considered grounds for immediate termination from employment.

Employee's / Volunteer's Signature _____

Address _____ City _____ State _____

Print Name _____ SSN **LAST FOUR ONLY** _____

Date Signed _____ Phone # _____

* See attached for a list of staff authorized by Other Options, Inc to have such information.

**Consent means an "Authorization for Release of Confidential HIV-Related Information" which is a written authorization for disclosure of confidential HIV-related information that is signed by the protected individual, or if the protected individual lacks capacity to consent, a person authorized pursuant to law to consent to health care for the individual. Such release shall be dated and shall specify to whom disclosure is authorized, the purpose for such disclosure, and the time period during which the release is to be effective. A general authorization for the release of medical or other information shall not be construed as a release of confidential HIV-related information, unless such authorization specifically indicates its dual purpose as a general authorization and an authorization for the release of confidential HIV-related information and complies with this definition. A statement prohibiting re-disclosure must accompany all written disclosures of confidential HIV information. For further information as to the specific language to be used in writing a statement prohibiting re-disclosure, please see the Department of Human Resources.