**Confidentiality Agreement Form**

***Please carefully review, sign, and return the form to LTI Staff***

I, (insert name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a participant with the Leadership Training Institute, a program of Cicatelli Associates, Inc.:

* Understand that it is my legal and ethical responsibility to maintain confidentiality of all participant information (including but not limited to information about individuals’ HIV, Hep C, or Harm Reduction involvement status) that I may learn during this training.
* Agree to discuss confidential information only with LTI staff, and to refrain from discussing this information outside of such meetings within the hearing of other people whether or not they are part of the LTI program and do not have a need to know about the information.
* Recognize that unauthorized release of confidential information may make me subject to termination from any LTI programs and/or to legal action.
* Understand that any and all references to an LTI participant’s HIV, Hep C, or Harm Reduction involvement are specially protected by law, and that unauthorized disclosure may make me subject to termination from any LTI programs and/or to legal action.
* Understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to termination from any LTI programs and/or to legal action.
* Understand that violation of any portion of the policies and procedures related to confidentiality of participant records or any violation of federal regulations governing the participant’s right to privacy may result in immediate termination from any LTI programs and/or any relationship with Cicatelli Associates Inc.

**I acknowledge that I have read and understand the above statements, have discussed them with the Leadership Training Institute staff and have had all my questions answered.**

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_