



YKHC respects the right to privacy and confidentiality of every patient/client and family served. Your signature below certifies that you understand that any information you may receive, i.e., by seeing, hearing or reading information, regarding any consumer or program participant, is confidential information and may not be revealed or released to any person, without the express written permission of the person.

Confidentiality must be broken if:

1. There is a reason to suspect child or disabled person abuse or neglect; or
2. If there is a significant threat to life, another person or to self.

If you see or hear anything that leads you to believe any of these situations are happening or possible to happen, you are to inform staff immediately.

My signature certifies that I have read and understand the importance of confidentiality and agree to respect the confidentiality of consumers and their families. I understand that there can be severe penalties for violation of confidentiality.

Signature of Visitor *Date* *Printed Name*

Facility You Are Visiting: _____

Time In: _____ a.m. or p.m. Time Out: _____ a.m. or p.m.

Staff Signature *Date* *Printed Name*