System of Care

Confidentiality Agreement

Youth's Name _____ **Meeting Date** _____

As a member of the _____ Local Interagency Planning Team, I hereby agree to the following:

- I understand the above-mentioned youth (or his/her legal representative) has agreed to the disclosure of confidential information to our planning team for the purpose of creating a Community Care Plan, which may include securing services for them through LIPT member agencies. I hereby agree that unless I am contracting to provide these services, I will not disclose any of the information discussed in today's meeting regarding this individual.
- Furthermore, I understand that if I do agree to provide services to this person and disclosure of information is necessary to initiate or facilitate these services, I am not released from this agreement, but must obtain an additional release of information from the youth (or his/her legal representative) prior to such disclosure.
- I am aware that if the treatment information discussed includes (a) alcohol or drug abuse treatment or (b) educational records, that both of these sources are protected by state and/or federal law with regards to further disclosure, and will require additional written consent of the individual (or as otherwise permitted by federal law) governing the confidentiality of alcohol and drug abuse patient records and/or education records, prior to further release of this information.

Name	Agency Represented (if applicable)	Date