

NEVADA YOUTH EMPOWERMENT PROJECT



Oath of Confidentiality

I, the undersigned, hereby agree not to divulge any information or records concerning any NYEP program client without proper authorization in accordance with state and federal law and interagency agreement(s). I recognize that any discussion of or release of information concerning a participant to any unauthorized person is forbidden and may be grounds for legal and/or disciplinary action.

During the performance of my assigned duties, I will have access to confidential information required for effective services coordination and delivery. I agree that all discussions, deliberations, records and information generated and maintained in connection with these activities will not be disclosed to any unauthorized person.

I recognize that unauthorized release of private information may subject me to civil liability and/or state disciplinary action under the provisions of state and/or federal law (42USC 1396a(a)7, 42 CFR 431.302, 45 CFR 164.5129(k)(5), 45CFR 164.506(c)(1), RCW 74.04.060) and that any person may bring an action against me should I willfully release private information or records.

Signature of Person Taking Oath

Date

Signature of NYEP Witness

Date

**Copies: Employee/Volunteer
Employee/Volunteer File**