

Butler Center for Research
CONSULTANT CONFIDENTIALITY AGREEMENT

I certify that I have been authorized by the Hazelden Betty Ford Foundation (HBFF) to <<*insert specific purpose of consultation here*>>, and may include a tour/physical review of the HBFF system.

I am aware of and agree to the following:

1. Only information pertinent to the consultation project/contract will be reviewed.
2. Access of any sensitive information will be only with the direct assistance a HBFF staff member.
3. I will not in any way or form disclose patient identifying information to anyone. This includes (but is not limited to) patient's name, occupational affiliation, and history number.
4. I am aware that drug and alcohol patient records and information are protected by federal law (42 CFR Part 2). Violation of confidentiality (including, but not limited to, disclosing the presence of a patient within the facility) is subject to a fine of \$500 in the case of a first offense and fines of up to \$5000 for each subsequent offense.

This agreement is in effect for the duration of the consultation project/contract, and the requirements for maintaining confidentiality of patient information remain in effect beyond the close of the consulting project/contract.

Signature of Consultant

Date

Consultant Name (please print)

Consultant Organization/Institution (please print)

Signature of RAT/PB Chairperson

Date