

Public Partnerships, LLC
601-3 East Brockway Avenue, Suite E
Morgantown, WV 26501
Phone (304) 296-1930/1931
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**West Virginia Personal Options
Aged and Disabled Waiver Program
Confidentiality Agreement**

I, _____ (Employee), understand that in the performance of my duties for _____ (Participant/Employer), I will have access to privileged information about the member I am serving, and that such information may include medical, insurance and other confidential/personal information.

I agree to restrict my use of such information to the performance of my duties.

I will not discuss the member's name, or otherwise reveal or disclose information pertaining to the member, except when in direct contact with representatives of the West Virginia Bureau for Medical Services, the West Virginia Bureau of Senior Services, West Virginia Medical Institute, Public Partnerships, LLC, or _____, and then only for the purpose of assisting the member.

I hereby acknowledge my obligation to respect the member's privacy and confidentiality of the information pertaining to the member, and to exercise good faith and integrity in all dealings with the member and their personal information in performance of my duties.

I also understand that any authorized use or disclosure of information pertaining to the member may result in my immediate suspension or dismissal and may subject me to civil liability for breaching the member's right to privacy.

Employee Signature

Date