

**West Virginia Personal Options  
Traumatic Brian Injury 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 participant 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 participant, except when in direct contact with representatives of the West Virginia Bureau for Medical Services, APS Healthcare, Public Partnerships, LLC, or \_\_\_\_\_, and then only for the purpose of assisting the participant.

I hereby acknowledge my obligation to respect the participant's privacy and confidentiality of the information pertaining to the participant, 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 participant may result in my immediate suspension or dismissal and may subject me to civil liability for breaching the participant's right to privacy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date