

St. Clair County Community Mental Health Authority

Instructor Confidentiality Agreement

I have read and understand the St. Clair County Community Mental Health Administrative Procedure, Release of Case Record Information, #03-002-0030. I understand that individuals are voluntarily participating in:

Name of Class: _____

Class Date(s): _____

Per the attached policy, any information gained from or relating to the participants is confidential and cannot be released to anyone except in accordance with this administrative procedure, the Michigan Mental Health Code, the Administrative Rules and HIPAA. Per the Michigan Mental Health Code, no photographs are permissible without individual/guardian consent; please refrain from taking photographs at this event.

Instructor Signature:

Print Name:

Date:

**CMH Staff: Please send this completed form to Administration
for filing with the instructor's contract/paperwork.**