

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, do hereby declare:

I will maintain the confidentiality mandated pursuant to *The Older Americans Act*, Section 307 et seq.; 42 USC Section 3027 et seq.

In adhering to the established procedures of the Salt Lake County Ombudsman Program, I will maintain inviolate all confidences and information revealed to me through records, files, and statements made in person, or by telephone. I further declare that I will not disclose any information relating to any complaint or investigation made regarding the identities of complainants, witnesses, patients or residents unless such disclosure is authorized by the patient or resident or his or her legal representative. No disclosures shall be made outside of the program without the consent of any named witnesses, resident, client, or complainant unless the disclosure is made without the identity of any of these individuals being disclosed.

All confidentiality provisions may be subject to disclosure only at the discretion of the authorized paid ombudsman staff having authority over the disposition of such files or where required by court order. Any information that would otherwise be subject to these confidentiality provisions may be disclosed if such information has been placed in a public record thereby precluding the need for confidentiality restrictions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date