



# CONFIDENTIALITY AGREEMENT

## for By-Name-List (BNL) Case Conferencing

*Personnel attending the By Name List case conferencing meetings are required to sign this agreement to protect anonymity and any other information about clients (name, place of employment, address, etc.) that may be inadvertently obtained when visiting program sites.*

I \_\_\_\_\_ acknowledge that as a staff member of  
(Print Name)

\_\_\_\_\_ in my attendance at the By Name List  
(Name of Your Agency)

case conferencing meeting, I am aware of the legal necessity of protecting the privacy and confidentiality of each client/consumer. I am either aware of or have been advised that in accordance with Federal confidentiality rules (42 CFR Part 2), I agree not to disclose any information learned or observed during my attendance to any third parties or persons outside the meeting. I am subject to the penalties of any breach of confidentiality.

\_\_\_\_\_  
Meeting Attendee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coalition Chair Signature

\_\_\_\_\_  
Date