



COLUMBIA COUNTY PATHWAYS TO RECOVERY

PO BOX 486 GHENT NY 12075

Policy on Confidentiality and Dissemination of Information and Verification

Given the nature of our organization, it is imperative that we maintain the confidences of all clients, donors and recipients' information that we receive in the course of our work. Columbia Pathways To Recovery prohibits the release of any client, donor or recipient information to anyone outside the organization.

Use and promotion of information shall be limited to copying and sharing only publicity releases written and approved by the organization for press and informational releases. Such releases will be approved by the Executive Director or President prior to being released. The Executive Director or President is the only person authorized to conduct public or media interviews, release information to the media or to the public or otherwise promote the organization to the public. Other members of the organization who wish to release information to the public will first have it approved by the Executive Director or the President.

Only official releases may be shared and copied thru social networks, including but not limited to, YouTube, Facebook, Twitter, MySpace, LinkedIn, Instagram, etc.

I understand that Columbia Pathways To Recovery provides services that are private and confidential and that I am a crucial step in respecting the privacy rights of Columbia Pathways To Recovery Clients, Donors and Recipients.

I agree that I will comply with all confidentiality policies and procedures set in place by Columbia Pathways To Recovery during my entire association with the organization.

If I, at any time, knowingly or inadvertently breach the confidentiality policies and procedures, I agree to notify the President of Columbia Pathways To Recovery immediately. In addition, I understand that a breach of confidentiality may result in my suspension or termination of my association with Columbia Pathways To Recovery. Upon termination of my association for any reason, or at any time upon request, I agree to return any and all confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by Columbia Pathways To Recovery. I agree to abide by all policies or be subject to suspension or termination of association with Columbia Pathways To Recovery.

Printed Name: _____ Date: _____

Signature: _____ Position: _____

COLUMBIA PATHWAYS TO RECOVERY IS A COMMUNITY COMMITTED TOWARD BUILDING THE MANY PATHWAYS TO STRATEGIES AND SOLUTIONS FOR THE ADDICTION CRISIS IN COLUMBIA COUNTY, NY.

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