



Tennessee Professional Assistance Program
545 Mainstream Drive, Suite 414
Nashville, TN 37228

www.tnpap.org
Phone: 615-726-4001
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Confidentiality Statement

Name _____

Title/Relationship to TnPAP

Facilitator

Co-Facilitator

I hereby agree to maintain strict confidentiality for all Tennessee Professional Assistance Program (TnPAP) participants. I will not confirm nor deny the participation of any client, potential client, or former client in the Tennessee Professional Assistance Program. I will not disclose confidential information without written and signed consent from the participant. I will release only that information for which I have a signed release, and the release information only to those parties to which the signed release specifies.

I agree to comply at all times with applicable Federal Alcohol and Drug regulations (42 CFR, Part 2) and Tennessee regulations (TCA 10-7-504(a) and (h) and 63-1-136(d), and to follow the Policies and Procedures of the Tennessee Professional Assistance Program governing Confidentiality and Release of Information.

By signing below, I am acknowledging my awareness of the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

I understand that the confidentiality and anonymity of participants goes beyond my role as a TnPAP support group facilitator or co-facilitator and continues at all future times even after I am no longer affiliated with TnPAP.

Signature _____

Date: _____