



CONFIDENTIALITY STATEMENT

I recognize that the services offered by the East Texas Council on Alcoholism and Drug Abuse (ETCADA) are confidential, and that to enable ETCADA to perform such services/programs, this confidentiality must be respected. As an employee/contractor of ETCADA, I will not disclose the identity of any person participating in services or programs. I further recognize that disclosure of such information without the client's written authorization may rise to irreparable injury to the client or ETCADA, and accordingly, the client may seek any legal remedies that may be available.

Employee Signature

Linda Oyer
Chief Executive Officer

Date

Date

THIS FORM IS TO BE FILED IN SECTION III OF THE EMPLOYEE'S PERSONNEL FILE