

*Homecare Worker Statement of Understanding Regarding the*  
**Client-Employer's Right to Confidentiality**

As a Homecare Worker (HCW), you will often know personal information about the people you work for (known as your client-employers). By law, you must keep that information confidential. Unless you have permission from the client-employer, you may not talk about your employer's personal information to anyone except for employees of the local Senior or Disability Services office and the registered nurse referred by the case manager.

There may also be circumstances, such as medical emergencies, when it is necessary to share information to prevent a serious threat to the health and safety of the client-employer. If you are uncertain whether client information can be shared in a certain situation, check with the case manager.

**Your employer's confidential information includes:**

- The name of the client-employer you work for;
- The client-employer's phone number or address;
- Information that a client-employer receives any public assistance from the State of Oregon, DHS or the local Senior or Disability Services office;
- The fact that a client-employer needs any type of assistance in meeting their service needs (such as walking, dressing, eating);
- Information about your client-employer's financial resources, including property, accounts, the type of income he or she receives, or other financial activities;
- Medical information such as medical diagnoses, health status, emotional disorders, or medication your client-employer takes; or
- Other information about your employer such as their age, religious affiliation, interpersonal relationships or other personal matters.

**There may be serious consequences for all persons involved if confidentiality is broken:**

- Your employer could be embarrassed, harmed or exploited;
- You could lose your job as a Homecare Worker; and
- You could be excluded from future work as an HCW paid through DHS.

## **Confidentiality Agreement**

All personal details and medical and financial information about the client-employer's life are confidential. Confidential information will not be shared with anyone except employees of the Senior or Disability Services office. Your client-employer, or his or her attorney or guardian, may give you permission to share certain information. You may want to request written permission from your client-employer if you need to be able to share information about the client with specific individuals on a regular basis.

By signing below, you agree not to share any client-employer information with your neighbors, family, or friends. You also agree not to share information with the client-employer's neighbors, family or friends unless the client-employer has given you permission.

Violation of client confidentiality may result in the termination of provider enrollment and payment through DHS. Information may be shared with law enforcement or medical providers in emergency situations. Homecare Workers are strongly encouraged to report instances of neglect and abuse.

\_\_\_\_\_  
Homecare Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature  
(SPD/AAA Employee)

\_\_\_\_\_  
Date

*Must be signed in front of an SPD / AAA Employee*