

Nebraska Department of Health and Human Services

CONFIDENTIALITY AGREEMENT

I/We, _____, am/are a licensed or approved foster parent(s) with the Nebraska Department of Health and Human Services. I/We understand that I am/we are expected to perform the tasks and assume responsibilities as outlined in the REGULATIONS COMPLIANCE REVIEW FOSTER HOME LICENSING or the approval process. This includes but is not limited to CONFIDENTIALITY.

CONFIDENTIALITY: I/We hereby acknowledge that, as a foster parent, I/We understand that all information to which I/We have access relating to specific cases, including but not limited to the identities of recipients or applicants for assistance, amounts and types of payments, and social background information pertaining to specific individuals or families, is to be held in the strictest confidence and may not be released by me/us for any purpose unless specifically authorized by the Department of Health and Human Services. I/We also understand that even after my/our foster care services with the Department ends I am/we are to maintain confidentiality of this information. I/We further understand that any such breach of confidentiality by me/us is a violation of law. Any person who knowingly releases confidential CPS record information in a manner other than as authorized by statute shall be guilty of a Class III misdemeanor.

ADDITIONAL TERMS: This assures children and families that their rights of privacy will be respected. Any time there is confusion about releasing information, the foster parents will contact the caseworker for clarification. I/We understand and agree to comply with this regulation.

Signature of Foster Parent

Date

Signature of Foster Parent

Date

Signature of Health and Human
Services Representative

Date