I have been assigned a User Account and Password, which allows me access to confidential client data contained in

UNI/CARE  [ ]  Diamond  [ ]

I understand that computer files are confidential just like physical charts and other records containing identified client information.

I hereby agree not to divulge any information or records concerning any client without proper authorization in accordance with Title 42, Code of Federal Regulations, Part 2; and California Welfare and Institutions Code, Section 5330, et seq.

Title 42, Code of Federal Regulations, Part 2

Records of the identity, diagnosis, prognosis or treatment of any client which are maintained in connection with the performance of any program or activity relating to drug abuse or drug abuse education, training, treatment, rehabilitation or research, which is conducted, regulated or directly or indirectly assisted by any department or agency of the United States shall be confidential and cannot be disclosed without prior written consent of the client.

I recognize the unauthorized release of confidential information may make me subject to a civil action under provisions of the Welfare and Institutions code.

California Welfare and Institutions Code, Section 5330:
(a) Any person may bring an action against an individual who has willfully and knowingly released confidential information or records concerning the person in violation of the provisions of this chapter, for the greater of the following amounts:
   (1) Ten thousand dollars ($10,000)
   (2) Three times the amount of actual damages, if any, sustained by the plaintiff
(b) Any person may, in accordance with the provisions of chapter 3 (commencing with Section 525) of title 7 of Part 2 of the code of Civil Procedure, bring an action to enjoin the release of confidential information or records in violation of the provisions of this chapter, and may in the same action seek damages as provided in this section

It is not a pre-requisite to an action under this section that the plaintiff suffers or be threatened with actual damages.

Name (please print)  User Login

Agency/Department  Phone Number

Signature  Date

This Oath of Confidentiality will be kept on file in the Drug & Alcohol Systems Office.