



**West Virginia Personal Options  
Intellectual/Developmental Disabilities Waiver Program  
Confidentiality Agreement**

I, \_\_\_\_\_(Employee), understand that in the performance of my duties for \_\_\_\_\_(Participant/Employer), I will have access to privileged information about the Participant I am serving, and that such information may include medical, insurance, and other confidential/personal information.

I agree to restrict my use of such information to the performance of my duties.

I will not discuss the Participant's name, or otherwise reveal or disclose information pertaining to the Participant, except when in direct contact with representatives of:

- Kepro
- Public Partnerships LLC
- West Virginia Bureau for Medical Services
- or \_\_\_\_\_

and then only for the purpose of assisting the Participant.

I hereby acknowledge my obligation to respect the Participant's privacy and confidentiality of the information pertaining to the Participant, and to exercise good faith and integrity in all dealings with the Participant and their personal information in performance of my duties.

I also understand that any authorized use or disclosure of information pertaining to the Participant may result in my immediate suspension or dismissal and may subject me to civil liability for breaching the Participant's right to privacy.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date