



CLIENT CONFIDENTIALITY AGREEMENT

I understand that I am legally prohibited from discussing client information other than with current Monarch Cove/ Castlewood West staff, including any past, present and prospective clients.

I understand that I am legally prohibited from posting pictures, video, or information about other clients online in any format.

I understand that I am legally prohibited from contacting Monarch Cove / Castlewood West Staff, , including members of my treatment team, via Facebook, Twitter, or other electronic social media websites.

I understand that I must authorize the use of all electronic mail (i.e., email) between myself and member(s) of my treatment team in writing and conform to all CTC rules and regulations governing email.

I understand that these are conditions of my admission and/or outpatient treatment at Monarch Cove / Castlewood West Treatment Center and that any breach of client confidentiality may result in immediate termination from treatment at Monarch Cove / Castlewood West Treatment Center.

Client Signature

Date

Parent/Guardian Signature (If Applicable)

Date

Facility Witness's Signature

Date