



**VETERANS TREATMENT  
COURT**

Chattanooga / Hamilton County



**CONFIDENTIALITY AGREEMENT**

I acknowledge and hereby agree to abide by the State and Federal Laws which govern the Protected Health Information (PHI) of all participants in the Hamilton County Veterans Treatment Court judicially-supervised program (VTC). I understand that all referrals may not enter a VTC program. I agree to hold their information confidential in the same manner as I will hold information confidential for those participants who enter a VTC program.

I am aware and understand the extremely confidential nature of Personal Health Information. I understand that unlawful disclosure of participant information is a violation of Tennessee Code Annotated, Sections: 33-3-103, 104 and 105, and 68-11-1501-1503, 42 CFR Part 2 and the HIPAA Rules/Regulations.

As such, I acknowledge the seriousness of the confidential nature of the VTC data, and hereby agree that I will at all times and for all purposes hold in confidence, as required, any and all data or information, acquired or processed by the VTC Team which becomes known or available to me. I also acknowledge exceptions to this rule pertaining to participants who are determined to be a harm to themselves or others as well as information that is reported regarding the abuse of children and elderly or vulnerable populations. I agree to perform my duty as a mandated reporter responsibly.

**The undersigned hereby acknowledges that the foregoing accurately sets forth his/her agreement with the Hamilton County Veterans Treatment Court program and subsequent programs on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.**

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**Printed Name**

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**Signature**