

A SECOND CHANCE, INC.
KINSHIP CAREGIVER EDUCATION AND ENRICHMENT
WORKSHOPS

AFFIRMATION OF CONFIDENTIALITY

As a client of A Second Chance, Inc., I do hereby confirm that I will respect the right of confidentiality of any and all clients of this agency.

By signing this form I affirm that:

- I will not reveal the names, personal information, occupation and foster care status of any person who is affiliated with or has had an affiliation with this agency.
- I have received, read and understand the “HIPAA Notice of Privacy Practices for Personal Health Information” detailing the commitment of A Second Chance, Inc., a kinship care agency, to protect the health information concerning my family which relates to my role as a state-licensed foster parent, and how the agency may use and disclose the information under the law.

Client Signature

Date

FOSTER PARENT EDUCATION AND ENRICHMENT WORKSHOPS

CODE OF ETHICS/ FOSTER FAMILY APPEAL RIGHTS

I have received a copy and reviewed the Code of Ethics and Regulations, Foster Family Approval Appeal Rights, and the Rights of Foster Family to Appeal Child Relocation.

Client Signature

Date

Witness Signature

Date