

# Rhode Island Department of Health



I recognize a person's basic right to privacy and confidentiality of personal information, and the extension of that right to recorded information in which a person is identified individually.

I understand that "confidential records" are the records as defined in Section §38-2-2 (4) of the Rhode Island General Laws, entitled "Access to Public Records."

I agree to utilize KIDSNET only for the purpose of obtaining information needed for coordinating care of children seen in this office/program.

I agree not to disclose information from confidential records to any unauthorized person or persons.

I understand that unauthorized disclosure of information from confidential records may be punishable, upon conviction, by a fine and/or imprisonment or both, and/or civil penalties as prescribed by law as well as sanctions and/or disciplinary action.

I understand that I am authorized to have access to the KIDSNET Automated Data System records which are confidential only as part of my required employment responsibilities.

I further state that I have been provided with a personal copy of this agreement.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name (PRINT)

\_\_\_\_\_  
Program Name - City/Town Location

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