Confidentiality Statement

Money Follows the Person Transition Work Group

As a participant of the Money Follows the Person Transition Work Group, I understand that I will have access to, and receive information about Department of Aging and Disability Services individuals. I recognize and understand that I will receive sensitive, personal individual information that is protected by the individual's right to privacy and understand that this information is provided to me and my work group, with the individual's permission, in order to facilitate the individual's transition to the community and for no other purpose. I agree to observe the individual's right to privacy and understand that release or disclosure of an individual's information for purposes other than the administration of the Money Follows the Person Initiative may result in civil liability.

I have read and received a copy of this confidentiality statement.

Money Follows the Person Transition Work Group Participant	Agency or Organization

_____
Signature

_____
Date