

## Community Programs, Inc. Meridian Health Services

1435 N. Oakland Blvd.  
Waterford, MI 48327

1255 N. Oakland Blvd.  
Waterford, MI 48327

91 N. Saginaw St, Suite G100  
Pontiac, MI 48342

28401 W. 5 Mile Rd  
Redford, MI 48239

1289-D S. Linden Rd  
Flint Township, MI 48532

33200 Dequindre Rd, Suite 100  
Sterling Heights, MI 48310

### CONFIDENTIALITY AGREEMENT

The undersigned, individually and on behalf of the entity identified below (collectively "Recipient"), hereby agrees as follows:

1. In touring the facility or receiving or otherwise dealing with any information from COMMUNITY PROGRAMS, INC./MERIDIAN HEALTH SERVICES ("the Program") about the patients in the Program, Recipient is fully bound by the provisions of any and all federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2; and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164.
2. The Recipient shall resist in judicial proceedings any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in applicable federal regulations of the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2 and HIPAA.
3. Recipient understands and acknowledges that any unauthorized disclosure of patient information is a federal criminal offense punishable by fine of not more than \$500 in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense.
4. Recipient agrees to indemnify and hold the Program harmless from any cost, liability, or action that may occur as a result of breach of this Agreement, including attorney's fees, and acknowledges and agrees that injunctive relief is appropriate to enforce the terms of this Agreement.
5. Unless properly authorized in writing, the taking of photographs, videos or audio recordings are strictly prohibited on the company premises of Community Programs, Inc./Meridian Health Services.
6. This Agreement is binding on the undersigned, his/her/its agents, employees, officers, directors, successors, and assigns.

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Print Name

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Signature

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Company or Organization

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Date