Non-Disclosure Form

HIPAA and Privacy Rights

Acknowledgement and Agreement

The undersigned in submitting a Letter of Intent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate

 (Name of Proposer)

in a Request for proposal process hereby acknowledges the applicability of HIPAA and state

law protections of DDS client information and agrees that any protected health

information/individually identifiable health information, and any other DDS client information

which is obtained during Participation in the RFP process shall be maintained confidential.

Further the undersigned acknowledges and agrees to return any of the aforementioned

information to DDS if the provider agency is not selected at the conclusion of the RFP process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Authorized Agent Date: