

CONFIDENTIALITY STATEMENT

I understand that I cannot give information about IHSS services rendered, including whether a person receives IHSS, or the specific service and hours authorized for clients. I understand that I cannot discuss any information about the recipient to any individuals or organizations without the written permission of the recipient or the person who is legally responsible for that individual. I understand that if I share information about a recipient, I may be found guilty of a crime and removed from the Caregiver Registry.

Signature: _____

Date: _____

REGISTRY AGREEMENT

As a San Luis Obispo County Caregiver Registry Provider, I agree to:

- Safeguard the IHSS recipient's confidential information
- Abide by the Caregiver Registry Guidelines
- Report any changes to Public Authority as soon as possible
- Not perform unauthorized tasks
- Work with the Recipient on setting a weekly schedule
- Communicate with the Recipient if I am having issues with them
- Provide two-week notice when separating from a recipient

I agree to abide by the statements above. I understand failure to abide by these statements may result in termination from the Caregiver Registry. I understand that if three minor or one major complaint against me are substantiated I will be removed from the Caregiver Registry.

Signature: _____

Date: _____

PA Staff Signature: _____

Date: _____