AGREEMENT TO LIMIT REDISCLOSURE AND USE OF ALCOHOL OR DRUG ABUSE TREATMENT RECORD

I _____ ,
(Auditor *I* Inspector *I* Evaluator)

on behalf of: _____
(Agency or Entity Authorized to Perform an Audit or Evaluation Under 42 C.F.R. § 2.53(a}(l)}

agree that patient identifying information disclosed pursuant to an audit or evaluation may be disclosed only back to the program from which it was obtained and used only to carry out an audit or evaluation or to investigate or prosecute criminal or other activities as authorized by a court order entered under § 2.66 of the drug treatment confidentiality records contained in 42 C.F.R. Part 2.

If I copy or remove any records containing patient identifying information, I also agree to maintain the patient identifying information in accordance with the security requirements contained in 42 C.F.R. § 2.16 and to destroy all patient identifying information upon completion of the audit or evaluation.

_____
(Signature)

_____
(Title)

_____
(Date of Signature)