



**Children's Aid and Family Services, Inc.**  
**Administrative Office**  
**140 Route 17 North, Suite 110**  
**Paramus, New Jersey 07652**  
[www.cafsnj.org](http://www.cafsnj.org)

**RE: Confidentiality of Protected Health Information Agreement**

Dear \_\_\_\_\_:

As you know, our organization is currently coordinating with your school district to provide educational services to our clients who will be enrolled in the \_\_\_\_\_ school this academic year. As a HIPAA (*Health Insurance Portability and Accountability Act*) covered entity, we are mandated under this Federal regulation to require organizations and/or individuals who have access to the protected health information (PHI) of the clients we serve to safeguard the privacy of those clients. The regulations that I am referring to are the *Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §160 et seq.* and *§164 et seq. of the Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information*. To ensure compliance with this regulation, the attached 'Confidentiality Agreement' is required of all administrative providers of services to our agency.

We anticipate that in the course of coordinating these services, the PHI of our clients would be available to the staff of the \_\_\_\_\_ school district, in particular, members of your Child Study team. In order to ensure that the PHI of these clients are protected, we kindly request your cooperation in signing the 'Confidentiality Agreement' attached. Please return the signed agreement to the above address as soon as possible.

You are also welcomed to contact our Administrative Office to speak with our Privacy Officer regarding any question that you might have in response to this agreement and/or our HIPAA privacy practice.

Thank you.

Sincerely,

Veronica Uzoabo  
Administrator, Research/Evaluation and Compliance

