

MAINE DEPARTMENT OF CORRECTIONS

NON-DISCLOSURE AGREEMENT RELATING TO A TREATMENT OR SPECIALIZED CARE HOUSING UNIT OR PROGRAM OR TREATMENT AREA

(In compliance with 34-A M.R.S. § 1216 and other Maine and federal laws)

1. Purpose

Access has been requested for entry into or viewing a housing unit or treatment or program area where residents are receiving medical, mental health, behavioral health, or substance use disorder treatment, or related rehabilitative services. To protect the privacy and dignity of these individuals and to comply with federal and Maine laws, I agree to the following conditions.

2. Confidential Information

I understand that confidential information includes, but is not limited to:

- Any individually identifiable health care information, whether in the form of written records, verbal communications, or observations, relating to medical, mental health, behavioral health, or substance use disorder
- Any identifying information about residents (e.g., names, photos, MDOC numbers)
- The fact that a resident is housed in the unit or is receiving services in the treatment or program area
- Any security practices specific to the unit or the area

3. Obligations

I agree to:

- Maintain Strict Confidentiality: i.e., not photograph, audio or video record, reproduce, or disclose any confidential information acquired before, during, or after the access
 - o Exception for Authorized Media Activity:
 - Photography, audio recording, video recording, or any other media activity may occur but ONLY if prior written approval is granted by the facility Chief Administrative Officer, or designee, and/or the Commissioner, or designee, and all required resident consents are obtained in accordance with Department Policy 1.23, Contact with Media and applicable laws
- Follow MDOC Protocols: i.e., comply with all departmental policies, security practices, staff instructions, and specific media access conditions

4. Consequences of Breach

Violations of this Agreement may result in:

- Removal from the facility
- Termination of facility access privileges
- Legal action under applicable laws
- Civil or criminal penalties as permitted by law

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5. Informed Consent

By signing this Agreement, I affirm:

- I have read and understand the terms of this Agreement
- I understand that photography, audio or video recording, or other media activity requires advance written approval by the facility Chief Administrative Officer, or designee, and/or the Commissioner, or designee, and written consent from all relevant residents
- I have had the opportunity to ask questions and am signing this Agreement voluntarily
- I understand that failure to comply may result in legal or administrative action

6. Duration

This Agreement remains in effect indefinitely with respect to any confidential information obtained during or as a result of the access, unless otherwise specified in writing by the Commissioner, or designee.

7. Acknowledgment

By signing below, I certify full understanding and acceptance of this Agreement and agree to comply with all applicable federal and Maine laws and Department policy protecting resident information.

Name: _____ Date of Access: _____

Affiliation/Media Outlet (if any): _____

Signature: _____ Date: _____