

**Administrative Offices**

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## Confidentiality Agreement (Staff)

I, the undersigned, understand that during the course of my work, I may be given access to confidential, privileged, or proprietary client or business information in order to perform my responsibilities in a manner that meets client needs and enhances the delivery of service. By signing this document, I am agreeing to comply with all regulations and laws established to protect confidential information. I understand that accessing or releasing confidential information and/or records or causing this to occur outside the course of my assigned duties would constitute a violation of this agreement. I understand that proven violation of this agreement can result in termination of my access to information and may result in personnel action being taken against me.

Confidential information shall include but not be limited to:

- information contained in case or computer-generated records, verbal or written information related to client service needs, and personnel or other files that pertain to clients, staff, volunteers, agencies, or committees.
- all documents relating to the above.

I agree to:

- maintain confidential information and not reveal it to clients, colleagues, or others with whom I interact without procuring the necessary releases or authorizations.
- utilize information disclosed to me solely for the purpose of providing and enhancing services to individuals and families, to avoid duplication or conflicting service delivery, and to promote effective and efficient delivery of service within the community.
- restrict disclosure to those staff, volunteers, or committee members who have a need to know and advise them of their concomitant duty to not disclose confidential information to a third party.

I recognize that I have a duty to report child and adult abuse, neglect, or exploitation; an individual being in danger of hurting self or others; and, within professional guidelines, ethical or statutory violations.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Organization/Agency: \_\_\_\_\_

Date: \_\_\_\_\_

**Original must be kept on file at organization/agency.**