

Villages of Hope Confidentiality Agreement

I. Purpose. The purpose of this Confidentiality Agreement is to protect the identity and privacy of our VOH Residential clients. Staff and Volunteers at The Villages of Hope (VOH) encounter personal and sensitive information about clients. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.

II. Confidential Information. Confidential client information should never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the Terms outlined below. Confidential information includes, but is not limited to, the following:

1. Identifying information about the client, including name, address or phone number;
2. Information relating to the client's family;
3. Information regarding the client's immigration status;
4. Information about the abuse, trauma, and/or persecution experienced by the client; or
5. Any other information that would identify the client or potentially place the client and/or family members at risk.

III. Terms. By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:

1. All communications between VOH staff, volunteers, and clients are confidential.
2. The staff or volunteer shall not disclose confidential information to a third party without the client's express consent to release such information.
3. The staff or volunteer shall not disclose confidential information to a third party without VOH's knowledge and consent.
4. I understand that as a staff or volunteer, I have a duty to keep client information confidential throughout my term as a staff or volunteer as well as after my employment or volunteer status ends.
5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff or volunteer at VOH.

I, _____ (print name), have read the above the VOH's Confidentiality Agreement and understand its terms and my responsibilities as Staff or Volunteer.

Signature of Staff or Volunteer

Signature of Supervisor

Date