

# Hope's Door

## STATEMENT OF CONFIDENTIALITY

As an employee or volunteer of Hope's Door, I will not disclose, divulge or release client-identifying information without securing the client's legal consent. This shall include, but not be limited to the following:

- Discussing client identifying information with individuals not employed by or volunteering for the center.
- Discussing client identifying information with other clients.
- Discussing client identifying information with Hope's Door staff or volunteers not directly involved in the client's care and treatment.
- Discussing specifics related to the client's care and treatment that a person of ordinary prudence would be able to identify by association.
- Discussing client identifying information or case specifics in unsecured areas (i.e., employee lounge, hallway, lobby, etc.)
- Discussing case specifics or sharing client identifying information with other agencies unless otherwise authorized by an official memorandum of understanding.

Client identifying information will not be visible in a public area (for example: calendars, computer screens, or printouts). Records will not be left exposed in public areas.

Computerized client identifying information will be treated with the same regard for confidentiality and/or access as written information.

I will not disclose the location of the shelter for battered women at anytime without prior approval from the CEO/Executive Director.

By my signature, I do hereby acknowledge my understanding of the provisions listed on this document and am aware that failing to comply with these provisions may lead to disciplinary action, up to and including termination as an employee and/or volunteer. I am aware that I must continue to keep client identifying information confidential in perpetuity after I cease to volunteer and/or leave the employment of Hope's Door.

\_\_\_\_\_  
Print Employee/Volunteer Name

\_\_\_\_\_  
Employee/Volunteer Signature

\_\_\_\_\_  
Date