

Congregational Care

CONFIDENTIALITY AGREEMENT

This confidentiality agreement is effective on _____, between
(Date)

(church name)

located at _____
(church address)

and _____
(first and last name of CCM)

to assure the right of privacy of those seeking care through the church.

_____’s Congregational Care Ministry provides care in many areas that include but are not limited to: counseling, hospital visits, grief, financial support, employment, divorce, health and emotional wellness support to the members and visitors of the church and surrounding community. Due to the sensitive nature of these areas of care, confidentiality is a key part of our ministry.

CONFIDENTIAL INFORMATION. Good care and confidentiality includes sharing information with a pastor or mental health professional on staff. We work as a team to support each other in processing sensitive information and do not wish to have any volunteer holding important information without confiding in the appropriate team member(s).

Signatures:

By: _____ (Printed) Church Staff Witness

_____ (Signed) Church Staff Witness

By: _____ (Printed) Congregational Care Ministry
Volunteer or Intern

_____ (Signed) Congregational Care Ministry
Volunteer or Intern

This signed agreement remains in effect beyond the term of service.