

**SAN LUIS OBISPO COUNTY
CRITICAL INCIDENT STRESS MANAGEMENT TEAM**

POLICY & CONFIDENTIALITY AGREEMENT

Name (print)

Date (print)

As a member of the San Luis Obispo County Critical Incident Stress Management Team, I understand and agree with the San Luis Obispo CISM Team Policy Manual. I also understand and agree that any personal information about any recipients that receive any type of CISM Intervention provided by this team, of which I become aware by reading, hearing, by sight, or otherwise, will be kept confidential at all times and cannot be shared with any other person outside this team, except as specifically authorized by the recipient or as required by law. I understand and agree that any and all information shall remain confidential even after my volunteer work or other interactions with this team end.

Furthermore I also agree to always follow policies and protocols as described in the Team's Policy Manual and I understand that any breach of such policies and protocols could result in an investigation of the circumstances and that my Team Membership may be revoked at the discretion of the Team Coordinator, on the recommendation of a Peer Review Board as outlined in Section IV.5 on page 5 of the Team Policy Manual.

Signed

Witnessed