



His Hope Haven CONFIDENTIALITY STATEMENT

I understand and agree that information concerning His Hope Haven, its employees, volunteers, board members and clients is confidential and is to be treated as such. I acknowledge and agree that I will not divulge or breach any confidences concerning His Hope Haven and the clients served.

As a staff member, I will inform clients of the agency policy regarding confidentiality of both written and electronic information (HMIS). I understand that clients may give permission through a release of information for other persons or agencies to see their records. I acknowledge that minors do not have the authority to disclose their own records. I understand that staff and professional consultants will have access only to records with which they are professionally involved. I agree that I will release information only to authorized personnel of His Hope Haven unless otherwise authorized by state and federal laws.

As a board member, volunteer, or intern, I will adhere to confidentiality for all clients and refer all requests for information to staff.

I understand and agree that client records will be kept in a secure and confidential place and will be in a locked file when not in use.

I acknowledge and agree that the confidentiality for His Hope Haven and its clients will be maintained after termination of my employment.

I further acknowledge and understand that if I breach this promise of confidentiality, my employment, internship, or volunteer service may be terminated, and I may be held liable for damages.

_____ Date

Signature
Printed Name