

Office Use Only: County: _____ Program Code & Name: _____
Vendor Name: _____



CONFIDENTIALITY FORM

I understand and agree that as an employee of _____, I may occasionally view privileged and confidential information. I shall respect the privacy of the people we serve and hold in confidence all information obtained in the course of my employment, whether the information is obtained through reports, records, the web-based data or interactions with a participant. I understand that all participant information must be kept safe from loss, destruction, theft, and unauthorized use. I understand that the copying of information or removal thereof is strictly prohibited unless authorized for legitimate purposes by a supervisor. I understand that participant information may be released by authorized personnel and in accordance with the law. When my service with the agency is complete, I shall maintain participant and co-worker confidentiality, and I shall hold confidential information about any sensitive situations within this agency.

I further understand that the divulging of confidential information and computer access codes (passwords) to unauthorized persons may make me the subject of civil action, as well as disciplinary action up to and including termination.

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SUPERVISOR

DATE

AGENCY AFFILIATION