



EMPLOYEE/VOLUNTEER CONFIDENTIALITY CONTRACT

I acknowledge that during the course of performing my assigned duties at Family Pathways I may have access to, use, or disclose confidential information.

Confidential information includes:

- A. All information regarding clients and prospective clients, including photographs and other information (stories, case discussions, etc...) that may be used to identify clients.
- B. The location of the Black Dog Hill Shelter and the names/addresses/phone numbers of Family Pathways staff members, volunteers and donors.

I hereby agree to handle such information in a confidential manner at all times during and after my employment/involvement with Family Pathways and commit to the following obligations:

- A. I will request, use and disclose confidential information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential information than is necessary to accomplish my assigned duties.
- B. I will not disclose and/or discuss confidential information with a third party or agency unless the subject of that information (client) has signed a *Release of Information Agreement* expressly allowing the disclosure.
- C. I will take reasonable care to properly secure confidential information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password-protected screensaver in order to prevent access by unauthorized users.
- D. I will not disclose my personal password(s) to anyone without the express written permission of my supervisor or record or post it in an accessible location and will refrain from performing any tasks using another's password.

I understand and agree that my failure to fulfill any of the obligations set forth in this Contract and/or my violation of any terms of this Contract shall result in my being subject to disciplinary action, up to and including termination or dismissal. I also understand that I may be held liable for any harm that may result from such a failure.

Employee/Volunteer Signature: _____

Employee/Volunteer Printed Name: _____

Date: _____