

Confidentiality Agreement

Freedom House

Every resident at Freedom House has a right to confidentiality. This right is very strictly enforced by the agency.

Personnel may not:

1. Remove any resident information from the premises.
2. Speak to a non-Freedom House staff person about resident names, situations or circumstances (without a signed release from the resident.)
3. Give out the name or identifying information of any current or previous resident of Freedom House (this includes persons calling for Freedom House)
4. Discuss personal information about other staff or volunteers with residents of Freedom House.

Volunteers and Visitors may not:

1. Remove any resident information from the premises.
2. Speak to a non-Freedom House staff person about resident names, situations or circumstances (without a signed release from the resident).
3. Give out the name or identifying information of any current or previous resident of Freedom House (this includes persons calling for Freedom House)
4. Discuss personal information about other staff or volunteers with residents of Freedom House.

Personnel may:

1. Give police or emergency medical personnel basic information about attempted/completed suicide, drug overdose, or life endangering situations when requesting emergency help.
2. Share information, after a signed release has been obtained from the resident that allows the exchange of information.
3. Cooperate with the police in the investigation of a felony. In this case, consult with the “on call” team member.
4. Report to the appropriate authorities a situation that is threatening to mandate reporting policies.

Any questions about confidentiality should be directed to the Program Manager or Senior Support Worker.

By signing this document I agree that Freedom House Staff has informed me of the agency’s confidentiality policy. I understand that I am expected to follow confidentiality laws and policies and that any information illegally taken or spoken outside of the proper environment, may result in expulsion from the program, possible prosecution under federal laws and/or possible civil prosecution.

Signature

Date

Print Name

Organization/Business

Staff’s Signature

Date