

Hope House, Inc.

STAFF MEMBER/VOLUNTEER CONFIDENTIALITY STATEMENT

As a Staff Member or volunteer of Hope House, Inc., I, the undersigned, understand that I may be handling documents that contain sensitive Resident, Staff Member, volunteer, or other agency related information. I understand that the treatment, personnel, volunteer records or other data and information of this organization are kept to provide services. The trust of Residents, Staff Members, volunteers, and the organization is vested in me to treat this information as Confidential and not to disclose any information without seeking guidance from the policies of Hope House, Inc. I understand that the treatment, personnel, volunteer records and other Hope House, Inc. data and information are the property of Hope House, Inc., and that the information contained within the treatment, personnel, or volunteer records belongs to the Residents, Staff Members, or volunteers, respectively.

By signing this statement, I hereby agree to conform to Hope House, Inc. policies and procedures. I understand that both Federal and State laws apply to some incidences of release of information and that violation of Hope House, Inc. policies and procedures may be a violation of these laws. I accept complete responsibility for my own actions and I understand that if at any time I violate these guidelines, I am subject to immediate termination of my employment or volunteer services at Hope House, Inc., and/or legal action. I indicate my understanding of the content of this statement and acknowledge receipt of a copy by my signature below.

Staff Member/Volunteer

Date

Witness

Date