



## CASA OF WALKER, TRINITY, & SAN JACINTO COUNTIES

### PLEDGE OF CONFIDENTIALITY

CASA of WST Counties believes that we have the moral and ethical responsibility to diligently protect and maintain the confidentiality of those served by our program, as well as employees, volunteers, board members and any others related to the agency. CASA of WST Counties is committed to ensuring the confidentiality of information and materials pertaining to those individuals. Disclosure can be made only under specified conditions or for reasons relating to legality, grantor requirements, and/or fulfillment of our mission. Persons working in any capacity of this agency may not use their position to obtain or access confidential information.

Confidential information shall include but is not limited to:

- 1) The names and/or identifying information of employees, volunteers, board members, cases, and donors unless the person involved provides written permission.
- 2) All personal information of cases, employees, volunteers, board members and donors, to include home phone numbers, and the addresses of employment, residence, and/or other family addresses.
- 3) Communications, observations, involvement and information made by and between or about cases, employees, volunteers, and board members to anyone outside of this agency.

Employees, interns, volunteers, and board members must maintain a professional boundary concerning confidentiality. These individuals must not discuss any individual's records with unauthorized individuals whether on or off duty. By adhering to the confidentiality policy, employees, interns, volunteers, and board members shall not disclose any of the information listed above to anyone outside of this organization unless authorized by the Executive Director or a signed release of information form. Confidentiality must be maintained even after the employee, intern, volunteer or board member leaves employment, internship, volunteer or board service with this agency.

By signing this form, I, \_\_\_\_\_ accept personal responsibility for and declare my commitment to the confidentiality guidelines of CASA of WST. I understand the degree of importance and agree to maintain confidential information according to the guidelines of this organization at all times. I further understand that I am personally liable for any violation of this agreement and that failure to comply with confidentiality guidelines of CASA of WST could result in immediate termination.

\_\_\_\_\_  
Employee/Board Member/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date