

CONFIDENTIALITY AGREEMENT



Name (First and Last): _____

Address: _____

Phone: _____ E-Mail: _____

I agree to keep confidential any and all information about clients of A Safe Place. This includes verbal, written, and/or electronic communications, observations, and information made by and between or about survivors (including their families). This information includes names, identifying information, files, notes, and other pieces of information obtained at A Safe Place.

I further agree to keep confidential any and all information regarding fiscal, administrative, and personnel information. All files, notes, and client information must remain on the premises at all times in the designated secure area. I also agree to adhere to the policy set forth for retention and destruction of these records.

A Safe Place abides by Section 227 of the Domestic Violence Act of 1986 which states that any domestic violence advocate or counselor who knowingly discloses any confidential communication in violation of this Act commits a Class A misdemeanor. Non-compliance of this Act as an active employee could result in disciplinary action that could lead up and include termination. These legal responsibilities continue even after the staff member and/or volunteer are no longer employed or serve as a volunteer for A Safe Place. Client information may only be disclosed through the use of agency approved Client's Waiver and Consent Release of Information form.

There are exceptions to this privileged communication (confidentiality).

- As service providers, all staff and volunteers of A Safe Place are mandated reporters to the Department of Children and Family Services. This means that we are required to report when allegations or observations of child abuse or elder abuse are present. Before we call, however, we will discuss with you the issues and invite you to report the allegations.
- We are also required to report when suicide or homicide (self-harm or harm to others) is threatened and determined probable.
- A Safe Place Abides by Adult Protective Services Act (320 ILCS 20/1 et. Seq.). All Staff are mandated reporters of suspected abuse, neglect, exploitation of persons 60 and older who are unable to report for themselves.

I also agree to keep confidential the exact location of the shelter as well as any other agency location, if requested to do so.

I agree to each and all of these statements.

- _____ CLIENT
- _____ VISITOR
- _____ INTERNSHIP
- _____ VOLUNTEER
- _____ STAFF

PRINT YOUR NAME

DATE

SIGNATURE

DATE

STAFF SIGNATURE