



Below is a copy of Share's Confidentiality Policy which is signed and adhered to by all Share Board Directors.

Please remember that we are bound by the trust that people place in us to keep their conversations confidential. Small bits of information shared with:

- Someone outside the program (i.e., spouse, best friend, roommate);
- Advocates;
- Staff;
- Board members;

may seem harmless to you but may identify a person who has trusted you, or an issue you have been entrusted with. Persons who violate this trust will not be permitted to remain in the program.

Names, activities, problems, or specifics of people our programs with or of the staff, Board, or advocates must not be discussed.

All discussions that take place within the scope of your involvement with the agency will remain confidential. If you have a question concerning this policy, contact your manager or the Executive Director.

The purpose of these policies is:

1. To protect the identity of clients and treat each one with the care and dignity we would want for ourselves.
2. To provide protection and safety for our staff.
3. To nurture the commitment of trust among ourselves.
4. To continue the trust and confidence in our program.

I Affirm That:

I shall respect the privacy of clients and hold in confidence all information obtained in the course of providing services. Therefore, I will not disclose client confidences to anyone except: (1) as mandated by law; (2) to prevent clear and immediate danger to a person or persons; (3) if there has been a "release of information" form signed; (4) in the course of my work with other staff, with the aim of helping the client.

I shall possess a professional attitude, which upholds confidentiality toward clients, co-workers, and any sensitive situations arising in the agency.

I, upon my termination of employment, shall maintain client and co-worker confidentiality and I shall hold as confidential information about sensitive situations within Share. This Confidentiality Policy applies during and after your participation with any Share Program.

This is to acknowledge that I have read, understand, and agree to the Confidentiality Policy.

Name

Position

Date