



## Confidentiality Pledge

### **PLEDGE TO SAFEGUARD RESPONDENT CONFIDENTIALITY**

I have read the Washtenaw County Volunteer Handbook on Safeguarding Client Confidentiality, and pledge that I will strictly comply with that Policy.

**Specifically:**

I will not reveal the name, address, telephone number, or other identifying information of any client (or family member of a client or other informant) to any person other than an employee directly connected to the program in which the client is participating.

I will not contact any client (or family member, employer, other person connected to client or informant) except as authorized by the Site Coordinator or authorized designate.

I will not release any documentation (including for unrestricted public use or for other unrestricted uses) except in accordance with authorization, policies and/or procedures established by Washtenaw County Senior Nutrition Program and the Center with which I am affiliated.

I will take all necessary precautions to avoid unintended disclosure of confidential information, including securing of paper and electronic records and computers.

I agree that compliance with this Pledge and the underlying Policy is: 1) a condition of my volunteer employment. I understand that violation of this Policy and Pledge may result in disciplinary action, up to and including termination of volunteer employment or severance of any relationship with Washtenaw County Senior Nutrition Program.

Signature: \_\_\_\_\_

Typed or printed name: \_\_\_\_\_ Date: \_\_\_\_\_