

## Confidentiality Policy

During the course of your volunteer work at TLC Family Resource Center, you may become aware of confidential information regarding our employees or participants in our programs. TLC Family Resource Center is committed to appropriately protecting the privacy of our employees and participants, and as a TLC Family Resource Center volunteer, you are required to do the same.

All TLC Family Resource Center volunteers must comply with the Family Confidentiality Policy below. Failure to do so may result in the volunteer's termination.

### TLC Family Resource Center Family Confidentiality Policy

Volunteers may not disclose the name or identity of TLC Family Resource Center program participants with each other or with anyone other than their supervisor without the written permission of the participant. Under no circumstances shall volunteers disclose any information about participants to family or friends.

Volunteers should be especially careful about discussing participants or their situations openly in front of others. Volunteers should not leave files, telephone messages, or notes regarding participants lying around in an open area. All materials should be processed and held in strict confidence and stored in a secured area. When it has been determined that participant files are no longer required to be kept, destroy the file by shredding.

Volunteers should release participant information to outside inquirers only with appropriate written verification of their identity as someone to whom this information should be released and with written authorization to release such information.

Volunteers should be aware of their surroundings when discussing a participant or using a participant's name, and be careful to keep all participant information secured to the fullest extent possible.

Volunteers should handle inquiries from outsiders regarding participants in an appropriately careful manner. No information about clients or employees is to be released without written authorization from the client or employee.

I understand and agree to adhere to the Confidentiality Policy for TLC Family Resource Center Volunteers.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

Received by:

\_\_\_\_\_  
Date

\_\_\_\_\_  
TLC Family Resource Center staff member

\_\_\_\_\_  
Date