

SAMPLE CONFIDENTIALITY POLICY

All client information obtained while working as a staff member, intern, or volunteer of the     (Localality)     Victim/Witness Program will be held in the strictest confidence from any outside person or agency.

Any information pertinent to a criminal case investigation or prosecution may be discussed within the     (Host Agency)     and with other appropriate criminal justice personnel who are assisting with the investigation or prosecution of that case. All other information, not related to a criminal case, communicated by the client shall remain confidential between that client and the     (Localality)     Victim/Witness Program representative.

When preparing reports, responding to surveys or requests from the media, or providing educational presentations, only non-identifying information will be disseminated.

All records containing confidential information will be maintained securely in locked files accessible only to representatives of the     (Localality)     Victim/Witness Program.

The only exceptions to confidentiality include:

- 1) client requests in writing that the program release information,
- 2) client makes a report of child or elder abuse,
- 3) client threatens to hurt self or others, and/or
- 4) court orders disclosure via subpoena.

**Every client will be informed of the conditions of this confidentiality policy during the first Program contact with that client.**

I, the undersigned, do hereby agree to abide by the Confidentiality Policy. I fully understand that any violation of this requirement may result in immediate termination. I further understand that this confidentiality requirement will continue after my employment, internship, or role as a volunteer in this office is completed.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

SAMPLE 2

CONFIDENTIALITY POLICY

Employees, interns, and volunteers of the \_\_\_\_\_ Victim/Witness Program shall preserve, in confidence, all client information subject to the limited exceptions set forth below.

1. Written client waiver (general or limited) of confidentiality.
2. The law or court order requires disclosure.
3. Client statements of child or elder abuse.
4. Client statements regarding an intention to commit a crime.
5. Client information pertinent to any criminal investigation or prosecution may be disseminated to agencies responsible for that case.

I, the undersigned, agree to abide by the Confidentiality Policy and ensure that each of my clients is advised of the conditions of this policy. I understand that any willful or continued violation of this policy may result in immediate termination. I further understand that my obligations pursuant to this policy will continue in perpetuity following my employment, internship, or volunteer service with the \_\_\_\_\_ Victim/Witness Program.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_