



**Volunteers  
of America®**

**SOUTHEAST LOUISIANA**

## **CONFIDENTIALITY AGREEMENT**

### **CONFIDENTIALITY POLICY**

I understand that during the course of my involvement at Volunteers of America, SELA, I may learn facts about other individuals that are of a personal and confidential nature. I realize such facts may include, but are not limited to, condition and treatment, finances, living arrangements, family situations, etc. I understand that all such information must be treated as completely confidential. I agree not to disclose information of a confidential nature to any other persons.

\_\_\_\_\_ (initials)

### **AGENCY CONFIDENTIALITY POLICY**

It is the policy of Volunteers of America, SELA that no information received in the capacity of the agency as staff members, board members or volunteers shall be shared with any person outside the program. Staff and volunteers are required to keep all related information completely confidential. Records will only be available to staff and volunteers involved in providing client services. Information will not be given to other individuals and/or agencies without consent.

\_\_\_\_\_ (initials)

By my signature below, I acknowledge that I have read and understand the client confidentiality agreement. I have been given the opportunity to ask questions and I have been provided with a copy of this agreement.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date