

Family Service Association of Bucks County

Volunteer Confidentiality Agreement

As a volunteer with Family Service Association of Bucks County (Family Service) you may have access to confidential information. The purpose of this agreement is to help you understand your responsibility regarding confidential information to which you may have access through your agency activities or through a computer system. Confidential information may include, but is not limited to information relating to:

Persons receiving services (such as records conversations, admission information, financial information)

Family Service Information (such as financial and statistical records, internal reports, memos, contracts, peer review information, communications, computer programs, etc.)

Third Party Information (such as computer programs, client and vendor proprietary information, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information you promise that you will use confidential information only as needed to perform your duties as a volunteer affiliated with Family Service. This means:

Need to Know: Access confidential information only for which you have a need to know

Careful Use: Do not misuse or be careless with confidential information

Privacy: Safeguard and retain the confidentiality of all confidential information

Publicity: Do not disclose names, photographs or drawings of people receiving services

I therefore agree that I will not in any way divulge copy, release, sell loan, review, alter or destroy any confidential information except as properly authorized within the scope of my volunteer activities with Family Service. In addition, I accept responsibility for all activities undertaken using my log-in /password and other authorization. I will safeguard and will not disclose any log in-password or any other authorization I have that allows me to access to confidential information. Further, I understand that my obligations under this agreement continue after I cease to be a volunteer with Family Service.

Volunteer Name Printed _____

Volunteer Signature _____ Date _____

Volunteer Birthdate _____