

## **Agape House of Prescott Confidential Information**

Confidential information is any information you learn because of employment or volunteer work with Agape House that is not generally known to people outside of the organization. An exception to this obligation to maintain confidentiality would be in response to a subpoena or in cooperation with law enforcement officials. In those situations, the Administrative Director or Executive Director must be involved in the decision to release any information. In addition, all inquiries from the media should be referred to the Administrative Director or Executive Director.

Information about residents, donors, donations, volunteers, and financial information relating to the organization; are among the information that must be kept strictly confidential. Employees and volunteers who work in positions where they are privy to personal information regarding other employees (such as performing human resources or payroll tasks) must keep that information confidential.

Employees and volunteers must never provide identifying information about residents when having personal discussions, doing presentations on behalf of Agape House, or in other settings where the recipients of the information do not have a legitimate need to know the information. This includes safeguarding first names, last names, ages, race, personal histories, where they have lived, and any other information that may allow someone to identify them.

Protected Health Information (PHI)—The Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) applies to our organization. The State imposes similar obligations. We have a **legal obligation** to keep confidential our residents' 1) past, present or future physical and mental health or conditions; and, 2) the services that we are providing to them. Only persons with a clear need to know should receive such information. That would include representatives of the various social services organizations with whom we work directly. All employees and volunteers must keep PHI strictly confidential, including being careful to avoid being overheard by other residents or volunteers when discussing a resident's needs.

Employees or volunteers who improperly use or disclose confidential Agape House or resident information, including PHI, will be subject to corrective action, which could include termination of employment or volunteer assignment, or legal action, even if they do not benefit from the disclosed information. This confidentiality obligation continues even after employees and volunteers no longer work or volunteer for Agape House. This provision is not intended to prohibit employees from discussing terms and conditions of employment with each other if they so choose.

Employees and volunteers are required to read and sign a separate Confidentiality Agreement when they begin employment or a volunteer assignment at Agape House. (The Agreement to Maintain Confidentiality is included in the Appendix to the Employee and Volunteer Handbooks.)

**Agape House of Prescott**  
**EMPLOYEE AND VOLUNTEER**  
**AGREEMENT TO MAINTAIN CONFIDENTIALITY**

I acknowledge that during the course of performing my assigned duties at Agape House of Prescott, I may have access to or use confidential resident, staff, volunteer, or donor information. I agree to handle such information in a confidential manner at all times during and after my employment or volunteer assignment ends. I have read the Confidential Information Policy, which is in both the Employee and Volunteer Handbooks, and understand the following:

Confidential information is any information I learn because of employment or volunteer assignment with Agape House that is not generally known to people outside of the organization. Information about residents, donors, donations, volunteers, and financial information relating to the organization; are among the information that must be kept strictly confidential. Employees and volunteers who work in positions where they are privy to personal information regarding employees (such as performing human resources or payroll tasks) must also keep that employee information confidential.

I understand that I must never provide identifying information about residents when having personal discussions, doing presentations on behalf of Agape House, or in other settings where the recipients of the information do not have a legitimate need to know the information. This includes safeguarding first names, last names, ages, race, personal histories, where they have lived, and any other information that may allow someone to identify them.

I understand that I have a **legal obligation** to keep confidential our residents' 1) past, present or future physical and mental health or conditions; and, 2) the services that we are providing to them. Only persons with a clear need to know should receive such information. All employees and volunteers must keep PHI strictly confidential, including being careful to avoid being overheard by other residents or volunteers when discussing a resident's needs. In addition, I will not take photos or videos of residents without prior permission. If permission is granted, I will have an Agape House of Prescott photo release form filled out and signed.

I also understand that employees and volunteers who improperly use or disclose confidential Agape House or resident information, including PHI, will be subject to corrective action, which could include termination of employment or volunteer assignment, or legal action, even if they do not benefit from the disclosed information. ***This confidentiality obligation continues even after employees and volunteers no longer work or volunteer for Agape House***

When my employment or volunteer assignment ends, I agree to return to the Administrative Director all Agape House confidential materials that I may possess. I further agree to not use or share with others, any confidential information for any reason. I will not give professional direction to residents after my employment or volunteer assignment ends.

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Signature of Employee/Volunteer

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Date Signed

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Printed Name of Employee/Volunteer

**Please return this signed acknowledgment form to the Administrative Director.**