



CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement by and between Domus Kids, Inc. and _____, a staff person, is made as of today, _____. In connection with the staff person's role at Domus, the staff person and Domus desire to enter into this Agreement to safeguard the confidential information of Domus program participants and their families.

1. Any staff person hearing, receiving and/or obtaining confidential* information regarding Domus program participants and their families shall not disclose confidential information to any third party except as directed by a supervisor.
2. If so directed, any staff person must have written consent from the legal guardian of a minor program participant, as well as written or spoken consent from the supervisor, to release any information, written or spoken, regarding program participants or their families.
3. Confidential information regarding participants/families shall not be discussed in open areas or within earshot of other individuals. Confidential information regarding program participants shall only be discussed with others in a professional context or setting and only for the purpose of helping the young person to progress academically, behaviorally, socially, and/or emotionally.
4. Any staff person having knowledge of any program participant's medical information is NOT permitted to disclose this to any other party except to a supervisor. HIV/AIDS status and related information should not be documented in any written format or discussed for any purpose except when expressly approved by the supervisor.
5. All participant information located in Salesforce or any other database is for the strict use of performing necessary documentation and intervention within staff person's program. The staff person shall not access files in Salesforce or any other database for any purposes unrelated to performing the necessary documentation and intervention within the staff person's program unless expressly approved by the supervisor.

*Confidential material includes information (written or spoken) regarding a program participant's academic, medical, behavioral, and/or social and emotional status as well as other information which may be outlined by your supervisor. Youth's trauma/obstacles are considered confidential information for the purposes of this Agreement.



***I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE CONFIDENTIALITY AGREEMENT. I FURTHER ACKNOWLEDGE THAT I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS ABOUT THE CONTENT OF THIS INFORMATION TO GET CLARIFICATION ON THE INFORMATION IT CONTAINS.**

***I AGREE AS A STAFF PERSON OF DOMUS TO FOLLOW THIS AGREEMENT; failure to comply may result in disciplinary action up to and including termination and could also result in personal liability.**

Signed: _____ Date: _____

Printed Name: _____

Witness: _____ Date: _____