

Licking County Suicide Prevention Coalition

LOSS Team

Confidentiality Agreement

I acknowledge that during the time of my involvement as a volunteer on the LOSS Team in Licking County, I may be exposed to private and confidential information as it relates to families, individuals or others served by the Team. In addition, I may see, hear or otherwise come into contact with privileged and confidential information from professionals, first responders, individuals or others associated with the provision of the LOSS Team services. In my role as a LOSS Team volunteer, I understand that it is critical that the privacy of ALL parties be honored and respected. I understand that it is my responsibility to keep confidential ALL information garnered in the course of my LOSS Team activities and that any unauthorized disclosure of information to anyone outside the LOSS Team may result in termination of my volunteer status. In addition, I understand that any breach of confidential information could have serious legal consequences for the violator.

I fully and completely understand the importance of the statements above and will adhere to the Code of Conduct for the LOSS Team volunteer group. I promise to protect the right to privacy of ALL parties involved.

Signature

Date

Witness

Date