



Program Confidentiality Policy Agreement

Volunteers who work with the NOVACO Program agree to:

1. I will uphold the MISSION “**NOVACO helps homeless victims of domestic abuse become healthy, secure and self-sufficient, through community collaboration to provide housing, education, childcare, counseling and mentoring.**”
2. I agree to respect the privacy and confidentiality of the clients. (Clients may not want the stories they share with you to be shared with others.) I will not discuss client or their family member’s or affiliate’s issues with anyone that has not completed and signed the confidentiality form for NOVACO, and without the explicit, written permission of the client.
3. I will safeguard the confidentiality of the clients, their family member’s and affiliate’s by not making their names, stories ,address or personal circumstances public in any fashion without their explicit consent, including the use of photographs or information in stories on websites, corporate newsletters, or local newspapers. Be careful to not mention the name of the community that the client lives in.
4. **I will not email or fax client-identifying information** including name, address & phone number, or any other information that would identify the client, their family members or affiliates. This means I will not give information to another person regarding a NOVACO client in any form other than verbal. This information will only be shared with those persons who have a need to know and have also signed the NOVACO Confidentiality form, and with the explicit, written permission of the client.
5. I will hold in strict confidence any information shared by other team members or observed in my work with the program, *including but not limited to the location of clients’ housing unit, client histories or background; client contact information, location of children’s schools or childcare facilities, information pertaining to the client’s abuser, friends or family members, or any other personally-identifying information.*

I have read these policies and understand the program’s expectations of my conduct and the clients’ rights to privacy and confidentiality. I will fully abide by these policies.

Print Name and Address of Volunteer:

Volunteer’s Signature

Date