



**Policy and Procedures  
Volunteer/Client/Employee Confidentiality  
Standard 6**

SafeHomes of Augusta Confidentiality Policy Statement in regards to Client Confidentiality.

1. Persons being served in any way by SafeHomes, have the right to control the nature of disclosures of information about themselves.
2. Any communication to or observation by SafeHomes employees, volunteers, student, guest, interns, volunteers and/or Board Members that is clearly not intended to be disclosed to a third party will be held confidential.
3. Information considered confidential includes:
  - a. The location of the Shelter – misdemeanor penalty for disclosing location;
  - b. The fact the person has been served by SafeHomes
  - c. Information transmitted in confidence by the person;
  - d. Information transmitted in confidence about the person by family neighbors and other community service providers;
  - e. Any disposition, referral, diagnosis, opinions, summaries instructions, etc., issued for or about the person in the course of evaluation, treatment or other services.
4. Verbal information can be exchanged between community service providers in order to make referrals or to provide continuity of care. Verbal information will be treated with the same concern for personal rights and confidentiality as written information.
5. Persons served by SafeHomes have the right to inspect and request amendment to all recorded information about their self.
6. Written consent of the person being served will be obtained whenever written information is being transferred to another service provider. Verbal consent will be obtained when making verbal referrals to other service providers and a note to this effect made in the written record.
7. Senate Bill 171 creates a misdemeanor penalty for disclosing the confidential location of a family violence shelter.
8. Exceptions to the policies are –remitted only in bona fide medical emergencies where a medical consent form has been signed.
9. Persons being served in any way by SafeHomes, have the right to control the nature of disclosures of information about themselves.
10. Any communication to or observation by SafeHomes employees, volunteers, student, guest, interns, volunteers and/or Board Members that is clearly not intended to be disclosed to a third party will be held confidential.
11. Exceptions to the policies are remitted only in bona fide medical emergencies where a medical consent form has been signed.
12. Employee or Client has the right to withdraw their consent form from personal information being released. A written statement of Withdrawal is required, signed, dated and witnessed.

I have read and discussed the above confidentiality policy and agree to abide by them. I am aware that not following these policies will result in my termination of association with SafeHomes. I agree to accept any legal responsibility for violation of these confidentiality policies.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Witness Signature Date