



Print Name _____

Family Shelter Service Statement of Confidentiality

It is the policy of the Board of Directors of Family Shelter Service of Metropolitan Family Services DuPage to adhere to the guidelines presented in the Mental Health and Developmental Disabilities Confidentiality Act and the Domestic Violence Act. These guidelines require the following:

- I understand and respect the necessity of confidentiality in regards to the clients that are served by Family Shelter Service of Metropolitan Family Services DuPage, and that any information regarding the clients is to be held in the strictest of confidence.
- I will never divulge any information regarding a client without a signed release of information.
- I will never discuss a client specifically, except with relevant and involved staff.
- I am aware that any statement, which indicates that an individual receives services from Family Shelter Service of Metropolitan Family Services DuPage, is a breach of confidentiality.
- I am also aware that any description given of a client, that is so specific as to enable identification of that client, is a breach of confidentiality.
- I understand that FSS of MFSD residential shelter locations are confidential and must not be disclosed.
- Termination of my involvement with Family Shelter Service, Inc. does not relieve me of the responsibility to adhere to the guidelines presented here, as well as in the Mental Health and Developmental Disabilities Confidentiality Act and Domestic Violence Act. (A violation of the Confidentiality Act is a Class A misdemeanor.)

Client Information System (CIS) and Victim Advocacy Database (VAD) Agreement:

- I will only access these databases for the purpose of finding client information pertinent to my work with Family Shelter Service of Metropolitan Family Services DuPage
- I will only access Hotline voicemail for purposes pertinent to my work at FSS.
- I will only access the Client Information System, Victim Advocacy Database and Hotline voicemail during scheduled work hours at a FSS of MFSD location.
- I understand that this information is confidential and agree to abide by the rules of the Confidentiality Agreement listed above.
- I am aware that any violation of these guidelines will result in loss of CIS, VAD and/or hotline voicemail access privileges and termination of employment

Additionally, any work with donor information is to be kept confidential.

I have read and understood these guidelines, and promise to abide by the above regulations.

Signed: _____ Date: _____

Witnessed: _____ Date: _____