Safe Families *for* Children
Lane County

CONFIDENTIALITY STATEMENT

In the course of my involvement with *Safe Families for Children*, including the application process and if approved to be a **Host Family** continuing throughout placement of children with *Safe Families* I am aware of the following:

I may be privy to confidential information regarding individuals receiving services from *Safe Families for Children,* about staff members, volunteers and other affiliates of *SFFC* and I should keep any and all information confidential regardless of it being professional or personal in nature.

In addition, I may have access to or be informed of confidential information including but not limited to:

Case Records
Intake Applications
Incident Reports
Medical &/or Mental Health Records
School Records
Legal Documents

All of which are property of *Safe Families for Children* and are considered confidential information.

I fully understand that confidential information must be treated with utmost care.

In all circumstances, I will use this information only for the purpose for which it was intended and in order to fulfill my volunteer role as a Host Family member. I will not access, read or redistribute any confidential information for which I have not been authorized. I hereby acknowledge the sensitivity and confidential nature of such information and I agree to keep all such information strictly confidential from individuals who are not eligible to receive the information.

Please have all members of your family over the age of 18 sign the form below to acknowledge and show compliance with the above statements.

Name: _____ _____ _____
Print *Signature* *Date*

Name: _____ _____ _____
Print *Signature* *Date*

Name: _____ _____ _____
Print *Signature* *Date*

Name: _____ _____ _____
Print *Signature* *Date*