



Confidentiality Agreement

As a condition of my employment or affiliation with Community Alliance for the Homeless, Inc., I agree to comply with the terms of this agreement in an effort to ensure that all confidential, privileged, and/or proprietary information concerning the organization, its clients, donors, community partners, volunteers, and staff is kept in a confidential manner and released on a need-to-know basis only. My signature below indicates agreement, understanding, and willingness to comply with the obligation to:

- maintain client privacy by protecting and safeguarding the confidentiality of all clients' individually **identifiable health information** - including names, addresses, telephone numbers, social security numbers, types of medical care provided, medical conditions or diagnosis, and any information relating to the client's treatment.
- protect and safeguard the confidentiality of **financial and/or business information** regarding the organization, community partners, and/or clients served in accordance with state and federal laws.
- only disclose confidential client information **if such disclosure is required** to perform my job and is in accordance with the organization's policy regarding disclosure of such information.
- protect and safeguard my **login credentials** for the Homeless Management Information System (HMIS), E-SNAPS, accounting software, and any other system that is used to provide, share or obtain data that is used in the scope of the organization's work.
- view and/or discuss only material that is required to perform my job, and to consult my immediate supervisor if clarification is needed.
- avoid discussing agency or client information in public areas where unauthorized individuals may overhear such information - including waiting rooms, hallways, elevators, and other public areas.
- refrain from making unauthorized transmissions, communications, copies, disclosures, inquiries, modifications, or deletions of proprietary information from the organization's electronic or physical filing systems.
- only access HMIS, E-SNAPS, accounting software or other software platforms either on the premises of the organization, or on equipment that is authorized by the organization for outside use.
- to return all equipment, destroy files on outside devices, and continue in the protection of proprietary information should my employment or affiliation with the organization come to an end.

Signature of Employee or Affiliate

Date

Printed signature

Signature of Authorized CAFTH Representative

Date