

**PRINCE WILLIAM COUNTY
DEPARTMENT OF SOCIAL SERVICES
Juvenile Detention Center**

Volunteer Confidentiality Agreement

I, _____, a volunteer of the Department of Social Services (DSS), responsible for delivering human services to the citizens of Department of Social Services, recognize my legal and moral obligation to maintain a proper and professional level of confidentiality for the clients of this Department. I further understand that as a volunteer of DSS I am responsible for protecting clients' protected health information in any medium, including oral, written, and electronic. Therefore, I agree that:

I will only access, use, or disclose any protected health information available or acquired for purposes directly related to the delivery of client/family services as appropriate to my job responsibilities; and

I will only share protected health information with individuals within the Department who are directly involved in the delivery of client/family services, supervision of the services, or administration of Department of Social Services programs, as this constitutes appropriate use of this information. I understand that information obtained shall be used only for the authorized purpose. I will not directly or indirectly reveal, report, publish, copy, disclose, or transfer any of the information to any other person or entity, except for treatment, payment, and/or operations, without prior written authorization of the client(s) or the legal guardian affected; and

I will not willfully enter inaccurate data or fail to enter all available information required for the purpose of my job, recognizing the necessity of maintaining accurate and complete client records and information. Upon demand by the department, I will return all information including written notes; and

I am prohibited from sharing or knowingly permitting use of my assigned or entrusted access control mechanisms (such as log-in IDs, passwords, user IDs) to co-workers for access to my systems and application; and

My willful inappropriate use of information, failure to enter data, or willful entry of inaccurate data, may result in disciplinary action taken against me up to and including dismissal.

I will attend training regarding the proper methods and procedures for maintaining confidential information.

This form does not, in any context, replace the confidentiality agreement(s) required by the Commonwealth of Virginia, Federal and local agencies and their sponsors.

By my signature I do hereby certify that I fully understand and accept the conditions stated above as a condition for being provided access to client data. I further certify that I have had an opportunity to discuss with, and have answered by my supervisor, any questions I have pertaining to the conditions stated above.

Volunteer's Signature

Today's Date

Volunteer's Printed Name

Jayne Frelín

Volunteer Coordinator's Printed Name