



# Community Colleges of Spokane

## CONFIDENTIALITY POLICY ACKNOWLEDGEMENT

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Community Colleges of Spokane (CCS) employees, volunteers and interns who have access to personal client information have ethical and legal responsibilities to their clients. Clients act in good faith when providing necessary personal information to CCS, expecting that their circumstances, personal matters and information will remain confidential. For the purposes of this acknowledgement the term "client" refers to any person or student receiving services in a CCS program.

You are required to abide by the following guidelines to help protect privacy and promote confidentiality. Anyone having access to personal information through CCS is required to take reasonable steps to protect the information. These guidelines apply both **during and after** working with CCS.

1. No identifying information about CCS's clients (e.g., names, addresses, social security numbers, disabilities, current statuses, etc.) should be revealed to anyone outside of CCS.
2. Information and details about client matters may be discussed for service delivery purposes only. Disseminating personal information about clients (e.g., names, addresses, social security numbers, disabilities, current statuses, etc.) within CCS is only on a need-to-know basis. That is, such information may be shared only with those having a legitimate service delivery reason to know. For example, personal data may be discussed in case management and supervisory meetings to ensure professional case management. Case records are to be used for service delivery purposes only.
3. Volunteers and interns are responsible for taking reasonable steps to securely maintain confidential information, such as storing in locked cabinets, discussing such information in a private setting and not leaving documents on desk tops for others to view.
4. Other agencies requesting client records must first provide a written release that is signed by the client or the client's legal guardian. In no situation should the actual file be submitted to another person or agency. After receiving a signed release from the client or legal guardian, appropriate CCS staff may authorize copies of pertinent information be made or a summary be prepared and sent.

### CERTIFICATION

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The following oath will be signed by volunteers and interns affiliated with CCS who have access to personal information:

I understand and agree to the above policy and understand that any breach of confidentiality is grounds for immediate termination of volunteer or intern activities, or other affiliation with CCS. I further understand and agree that disclosing confidential information accessed through CCS even after my volunteer or intern assignment is prohibited and may result in legal action.

Affirmed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature \_\_\_\_\_

Printed name \_\_\_\_\_ Printed date \_\_\_\_\_

#### Authorized CCS representative:

I have provided the above-named person a copy of this signed and dated confidentiality policy acknowledgment.

Authorized CCS staff signature \_\_\_\_\_

Printed name \_\_\_\_\_ Printed date \_\_\_\_\_