

SAMPLE SART CONFIDENTIALITY FORMS

Multidisciplinary Team Confidentiality Agreement

The mission of the Multidisciplinary Teams (MDT) Coordinated by *AGENCY NAME* is to conduct full reviews of sexual abuse, exploitation and/or neglect allegations and to develop effective and efficient responses.

As an MDT participant, other agencies may inform me of confidential client information. The purpose for the disclosure of this confidential client data is to ensure that appropriate social services, legal services, and medical care is obtained for sexual assault victims and that allegations of abuse are investigated and alleged abusers are prosecuted.

I understand that information contained in or other agencies records are designated as confidential pursuant to the laws and regulations of the State of Georgia, and its implementing regulations and shall not be disclosed by me to any person, organization, agency or other entity except as authorized or as required for the purposes of a criminal investigation and/or prosecution or as otherwise required by law.

I agree that such information may not be used for any purpose other than the purposes stated in this agreement and that any other use or release to any party of such confidential information or records without prior written consent, will be presumed to be a breach of this Confidentiality Agreement. I further agree that any breach of confidentiality may result in the referral of the matter to an appropriate enforcing entity for potential sanctions.

**If I am a visitor coming into the meeting to observe the MDT, I agree to all of the above-stated conditions in this Confidentiality Agreement. I also agree that I shall be treated in the same manner as the members of the MDT and will be subject to this Agreement in the same manner and to the same extent as the members of the MDT.

I the undersigned, as a representative of the agency listed below and member or visitor of the MDT, agree that all information discussed and/or obtained in these case review meetings will remain confidential other than for the reasons stated above. This Confidentiality Agreement will be renewed on an annual basis.

Print Name

Print Agency Name

Statement of Confidentiality

I agree to treat the identity of all identifying information about clients and other members of the **AGENCY NAME** as well as the location and other identifying information about the shelter, and transitional houses as confidential. Clients' names will not be mentioned outside the structure of the program. Cases will not be discussed with any person other than a *AGENCY NAME* staff, unless specifically authorized by the client.

Rationale for the Confidentiality Agreement: Each organization has an obligation to safeguard the confidentiality of personal information and shall not disclose the identity of an individual or information about a particular person without their consent. The policy of *AGENCY NAME* recognizes the rights of individuals to privacy and conforms to the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice and the guidelines of various professional associations. *AGENCY NAME* believes this to be important for each employee and volunteer is expected to read, understand and sign a confidentiality agreement before starting to work or volunteer.

The Principle of Client Confidentiality: The principle of confidentiality limits the disclosure of personal information client served that is revealed (regarding clients) in a service (medical, counseling, legal) relationship. Clients' expect their information to be safeguarded within the service relationship.

Employee Name: _____

Employee Address: _____

(Street)

(Street)

(City, State, Zip)

Employee Signature:

Date: