

## STATEMENT OF CONFIDENTIALITY

As a volunteer/staff member with Fairbanks Youth Advocates, you will have access to various types of confidential information in the course of your work experience. This includes, but is not limited to; client's names and identifying information, personal information and stories related to clients or their families, and things you may see or hear about clients, community members, or staff. Any information about our clients is private, and their privacy is important to us.

I understand that while acting as a volunteer/staff member and participating in any Fairbanks Youth Advocates program:

- Information about clients participating in the program will be held confidential and only be released to those who have been approved to receive such information. I understand that such things are confidential, and I will keep it confidential and only discuss it, as necessary, with staff or my site supervisor.
- The knowledge of who is staying at the Youth Shelter will NOT be told or discussed while outside the shelter in order to keep the confidentiality of those living at the shelter.
- The situations and reasons of why the youth are involved with the Youth Shelter are not to be discussed with anyone other than the youth, the youth's family, and Fairbanks Youth Advocates staff. The situations and reasons of why youth are staying at the Youth Shelter is not of my concern and will not be told to me due to their personal confidentiality.
- If I need to discuss information about or regarding youth I will contact Fairbanks Youth Advocates immediately and if the information needing to be shared involves another resident in shelter I will use that residents initials to protect their confidentiality.
- I will not take pictures, video or sound recordings of any clients at the Youth Shelter.
- If I see a client outside of the shelter, I will not acknowledge that I know them, unless they first approach me. I am recognizable for who I am and who I serve and recognize that clients may not want it known that they are receiving services.
- I will not share information with or about staff, clients, or the Shelter Program online, in text, or during phone conversation.

**I understand that if I feel the confidentiality of youth and/or their family has been broken, I will contact a FYA supervisor immediately to let them know. I understand that if I break the confidentiality of youth, their family, or anyone staying at Youth Shelter, I will be asked to leave the program.**

**I have read and understand the above statements regarding confidentiality of information. I have discussed any questions I have with my supervisor. I understand that failure to comply with this policy may result in disciplinary action, up to and including termination or legal action. I understand the special nature of my role, the importance of confidentiality in this role, and agree to adhere to this policy regarding preservation of the confidentiality of information.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date