

LOCAL AGENCY STAFF CONFIDENTIALITY AGREEMENT

ParentChild+ Partner Agencies and Staff

As a staff member/program partner of (Site Name), I/we understand that I/we may have access to confidential information about ParentChild+ family participants. By signing this statement, I/we indicate my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I/We understand that all information about the family participants obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by a supervisor acting in response to applicable law (mandated reporter) or court order, research protocol signed by the family, or public health or clinical need.
- I/We agree not to divulge, discuss, publish, post on the internet, or otherwise make known to any unauthorized persons or to the public any information obtained in my work with families/children enrolled in ParentChild+ that could identify the persons who participated in the Program.
- I/We agree to refer to families only by their first names in conversations, including in the office and in staff meetings.
- I/We understand that I am not to read information, records or any other confidential documents concerning family or child participants, nor ask questions of participants for my own personal information, but only when authorized to do so and to the extent and for the purpose of performing my assigned ParentChild+ duties.
- I/we understand that all videos or photos that are taken during the course of participation in the Program are used for program supervision and training and educational purposes only, require a release form signed by the participating parent/guardian, and will not be kept on any of my personal recording devices or stored on my personal computer or phone.
- I/We understand that any follow-up data obtained to track former program participants (such as standardized test scores or attendance records) require a signed release form from the participating parent or guardian.
- I/We understand that any information I input or have access to on the ParentChild+ Management Information System is subject to all the same confidentiality standards.
- I/We understand that a breach of confidentiality may be grounds for disciplinary action, which may include termination of program contract and/or employment.
- I/We agree to notify my supervisor immediately should I become aware of any actual or suspected breach of confidentiality or a situation that could potentially result in a breach, whether this be on my part or on the part of another staff member.

Staff Member Signature	Date	Printed Name
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Site Coordinator/Supervisor Signature	Date	Printed Name
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