**CONFIDENTIALITY AGREEMENT**

**Purpose**

The purpose of this Confidentiality Agreement is to protect the identity and privacy of our clients. Staff and Volunteers at Kaleidoscope Wellness often encounter personal and sensitive information about clients. This is particularly true when assisting survivors of domestic violence, sexual harassment and assault, human trafficking, torture and prosecution and unaccompanied immigrant children. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.

**Confidential Information**

Confidential client information should never be discussed in the presences of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the Terms outlined below. Confidential information includes, but is not limited to:

1. Identifying information about the client including name, address or phone number;
2. Information relating to the client’s family;
3. Information regarding the client’s immigration status;
4. Information about the abuse, trauma, and/or persecution experienced by the client; or
5. Any other information that would identify the client or potentially place the client and/or family members at risk.

**Terms**

By signing this Confidentiality Agreement, you understand that Kaleidoscope is held to the highest ethical standards and shall abide by the following provisions:

1. All communications between Kaleidoscope Wellness staff, volunteers and clients are confidential.
2. The staff or volunteer shall not disclose confidential information to a third party without the client’s express consent to release such information.
3. The staff or volunteer shall not disclose confidential information to a third party without Kaleidoscope Wellness’ knowledge and consent.
4. I understand that in certain situations, it is required by law to reveal information obtained during a session to other agencies without the client’s consent. These exceptions include:
	1. Cases of abuse/neglect of children, elderly or disabled.
	2. Cases of potential harm to self or others.
	3. Cases involving criminal proceedings, except communications by a person voluntarily involved in a substance abuse program.
	4. Cases involving a minor child. In such cases, staff or volunteers may advise a parent, managing conservator or guarding of a minor, with or without minor’s consent.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Printed Name) have read and accepted this agreement herewith consent to participate in services conducted at, by or in conjunction with Kaleidoscope Wellness.

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Client Signature Date

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Staff/Volunteer Printed Name Date

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Staff/Volunteer Signature Date

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