

STATEMENT OF CONFIDENTIALITY

HURON COUNTY VICTIM/WITNESS ASSISTANCE PROGRAM

I, the undersigned, do hereby declare that I understand staff, volunteers, and volunteer trainees will strictly observe the principle of confidentiality.

I therefore promise the following:

I will not disclose the identity of any client of the Huron County Victim/Witness Program and/or the Prosecutor's Office to anyone, including other clients, without permission from the client as well as my supervisor.

I will not disclose any personal information regarding clients, paid staff, volunteer staff members, and/or volunteer trainees of the Huron County Victim/Witness Program, and/or Prosecutor's Office without the permission of the individual or authorization from my supervisor.

I will not disclose any information regarding a client to any agency without the consent of the client, unless there is a demonstrated risk of harm to self or others.

I will not disclose any information regarding a client or a criminal case to the media.

I will maintain all client records in a secure area.

I will treat as confidential any information I may receive regarding defendants and/or any other information that may be revealed to me through the course of my work.

I will not visit, provide transportation to, exchange personal information with, or establish a personal relationship with any clients of the Huron County Victim/Witness Program, and/or Prosecutor's Office without prior authorization from my supervisor.

I will be aware at all times that my personal opinions are my own but others may consider them to be official opinions of the Huron County Victim/Witness Program, and/or Prosecutor's Office. Therefore, I will make every effort to Present and express myself as a representative of the Huron County Victim/Witness Program, and Prosecutor's Office.

I will take all precautions to ensure and maintain the confidentiality of information transmitted to other parties via facsimile machines, telephone, answering machines, cellular phones and other electronic or computer technology.

In the event of my withdrawal or resignation, I will not disclose confidential information received during my involvement with the Huron County Victim/Witness Program, and/or Prosecutor's Office.

I further agree to release the Huron County Victim/Witness Program, and/or Prosecutor's Office from responsibility or liability arising out of my violation of this statement.

**VIOLATION OF THIS STATEMENT SHALL BE CAUSE FOR
SUSPENSION AND/ DISMISSAL.**

Signature of Employee, Volunteer Staff or Trainee

Date

Signature of Supervisor

Date