

Confidentiality Policy

The Mental Health Systems Act, Florida Mental Health Act, and Public Law 91-616 prohibit the unauthorized disclosure of information from client records. This information includes, but is not limited to identity of residents, their presence in a facility, psychosocial history, diagnosis, prognosis, and treatment.

In the course of my service as a paid staff member, intern, temporary employee, volunteer or visiting resource for the Florida United Methodist Children's Home, I understand that I am responsible for maintaining the confidentiality of information. I further understand that I will be held accountable under applicable laws for the unauthorized use and/or disclosure of any information related to the residents of the Florida United Methodist Children's Home both while in the service of the Home and after I leave for whatever reason. Discussion of any information relative to a resident is considered appropriate only during staff meetings with staff who have a need to know or in consultation with other professional staff members.

In addition to information relating to the residents of the Home, I understand that I shall not disclose any proprietary or other information that may be made known to me as a result of my work or services to the Florida United Methodist Children's Home. Proprietary information shall include but not be limited to, donor lists, financial, and/or other internal information not available publicly. The Children's Home, State and Federal Law prohibit the discussion of confidential material in any context but those delineated above. Further, it will be considered sufficient grounds for dismissal from employment with the Home in the case of employees, and severance of connection to the Home in the case of volunteers, temporary employees, or interns.

I further understand and attest by my signature below that I will fully comply with the conditions and intent of this policy, which is binding by case law.

I, _____ understand and agree to abide by these stipulations.
(Print Name)

(Signature of Volunteer)

(Date)

(Signature of Agency Representative)

(Date)