



CONFIDENTIALITY AGREEMENT

- I. Purpose: The purpose of this Confidentiality Agreement is to protect the identity and privacy of IRIS recipients. Volunteers at IRIS encounter personal and sensitive information about recipients. Therefore, it is very important to refrain from disclosing any information to third parties to avoid causing them harm.

- II. Confidential Information: Confidential information should never be discussed in the presence 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, the following: 1. Identifying information about the recipient, including name, address or phone number; 2. Information relating to the recipient's family; 3. Information regarding the recipient's immigration status; 4. Information about abuse, trauma, and/or persecution experienced by the recipient; or 5. Any other information that would identify the recipient or potentially place them and/or family members at risk.

- III. Terms. By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions: 1. All communications between IRIS staff, volunteers, and recipients are confidential. 2. The volunteer shall not disclose confidential information to a third party without the recipient's express consent to release such information. 3. The volunteer shall not disclose confidential information to a third party without IRIS' knowledge and consent. 4. I understand that as a staff or volunteer, I have a duty to keep recipient information confidential throughout my term as a volunteer as well as after my volunteer status ends. 5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a volunteer at IRIS.

I, _____ (print name), have read the above Confidentiality Agreement and understand its terms and my responsibilities as a volunteer.

Signature

Date