



CASA of the Tennessee Heartland
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Confidentiality Agreement

Volunteer Advocate

This agreement applies to any and all Employees, Board Members, CASA Volunteers, as well as any other individual who signs this confidentiality agreement with CASA of the Tennessee Heartland. It includes written documentations, verbal conversations, faxed documents, e-mail, telephone conversations, court proceedings and any other sources of information pertaining to cases assigned to CASA of the Tennessee Heartland. By my initials after each item below, I understand that:

Each Court Order appointing CASA states:

The CASA shall maintain all information received in a confidential manner to be disclosed only in reports to the Court. Any protected health information from health care providers received by the CASA pertaining to parents or guardians shall be filed under seal with the Anderson County Juvenile Court. No copies of such information shall be contained in any CASA files. Protected health information shall be destroyed or returned to the provider at the conclusion of this proceeding.

All case information, along with court/case records is to remain confidential. This is important to remember, as it is a misdemeanor offense to give out any of this information. **IT CANNOT BE SHARED WITH ANYONE.**

Discussion of the case with others, even if the family name and other identifying information are omitted, is strictly forbidden. Sharing confidential information with outsiders is damaging to child/ren and their families. Violation of confidentiality can result in discrediting of CASA and may be cause for dismissal.

I promise that I shall hold in confidence all pertinent information. I will not violate the confidential relationships between CASA, its volunteers, related agencies, courts and all parties interviewed. I will not remove any written records from the office of CASA without expressed permission. I understand that all case information is to be kept in a safe and secure manner and is to be protected from breaches in confidentiality at all times.

I also understand that if for any reason it becomes apparent that my activities are contrary to the policies, goals and/or philosophy of CASA of the Tennessee Heartland and their desire to provide quality services to abused and neglected children, my services as a CASA Volunteer will be terminated.

By signing below, I, _____, Shall hold in confidence all pertinent information shared with me. I will not violate the confidential relationship between CASA of the Tennessee Heartland and its volunteers, nor those with any related agencies, Courts or parties interviewed. I have received training on, and understand the law and the CASA of the Tennessee policy pertaining to confidentiality and agree to follow that policy.

I hereby accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this agreement.

Name (Please Print)

Signature

Date