

# **RACINE KENOSHA COMMUNITY ACTION AGENCY, INC.**

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Phone: (262) 637-8377

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Phone: (262) 657-0840

[www.rkcaa.org](http://www.rkcaa.org)

## **STATEMENT OF CONFIDENTIALITY**

As a volunteer of Racine/Kenosha Community Action Agency, Inc., I understand and agree to follow the principles and procedures of confidentiality as outlined in the personnel and program policies. During and following my employment with Racine/Kenosha Community Action Agency, Inc., any information about clients who call this office, who are seen in this office, or who have records in this office, must be kept strictly confidential. Information must at no time be discussed outside of this office unless: (1) The client has specifically authorized the transfer of information and a valid release of information signed by the client is on file, or (2) Release of information is required by law.

Specifically, I agree to the following:

1. To conduct myself in a manner which assures client confidentiality during discussions that pertain to client access of Racine/Kenosha Community Action Agency, Inc., specifically:
  - (a) All information given by clients should be handled in a quiet, private manner;
  - (b) All personal, confidential interviews will be conducted, whenever possible, in private rooms with doors closed;
  - (c) Privileged information about clients will not be discussed outside the agency except with other health-care professionals for the purpose of client care.
2. It is my responsibility as a volunteer of Racine/Kenosha Community Action Agency, Inc. to hold in confidence privileged information gained from records about current or past Racine/Kenosha Community Action Agency, Inc. employees and clients.
3. I further understand that violations of this confidentiality policy may result in disciplinary action up to and including immediate dismissal; the securing of an injunction restraining me from disclosing information or from rendering any service to any entity to whom information has been or is threatened to be disclosed; the recovery of damages; and such other remedies as the Racine/Kenosha Community Action Agency, Inc. deems necessary.

I acknowledge that the policy concerning confidentiality has been explained to me, a copy has been provided to me for future reference and that if I have any questions, I can ask my Supervisor or the Program Director in which program I am volunteering.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

