



*Working together
to end homelessness*

Tri-County Continuum of Care for Hunterdon, Sussex, & Warren Counties

Tri County CoC Confidentiality Agreement

Adopted by the Tri-County CoC Board on 08/2019

- I. **Purpose.** The purpose of this Confidentiality Agreement is to protect the identity and privacy of clients served through the Tri-County (Warren, Hunterdon, and Sussex Counties) Continuum of Care (CoC) coordinated assessment process. Clients served by the coordinated assessment system have signed release of information agreements allowing partner agency staff to communicate essential information to outside agencies in order to better connect clients to housing and services. In addition to direct contact with community agencies, client information may be discussed at monthly case conferencing meetings facilitated by CoC staff and between meetings as needed. Agencies and staff participating in the monthly case conferencing meetings will encounter personal and sensitive information about clients. Therefore, it is very important to refrain from disclosing any client information to third parties outside of the case conferencing meetings or to providers not identified on the release of information form.
- II. **Confidential Information.** Confidential client 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 client, including name, address or phone number;
 2. Information relating to the client's family;
 3. Information regarding the client's disability status and other medical or mental health information;
 4. Information about the abuse, trauma, and/or persecution experienced by the client; or
 5. Any other information that would identify the client or potentially place the client 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. Confidential client information shall only be shared with agencies identified on the release of information form and with agencies participating in the case conferencing meetings that have signed confidentiality agreements.
 2. Confidential client information shall only be shared to the extent necessary to perform services for the client.
 3. Participating agencies agree to share confidential client information in a manner consistent with the minimum necessary standards.
 4. Participating agencies may disclose confidential client information for the proper management and provision of services to clients provided the following:
 - i. Written approval from the client
 - ii. Reasonable assurances from the agency/person with whom information will be shared that client information will remain confidential
 5. The staff or volunteer shall not disclose confidential information to a third party.
 6. I understand that as a staff, I have a duty to keep client information confidential throughout my term as a staff as well as after my employment ends.
 7. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff in the Case Conferencing committee and Coordinated Assessment process, and my employer may be notified.

I, _____ (print name), have read the above Tri-County CoC Confidentiality Agreement and agree to and understand its terms and my responsibilities as a member of the Case Conferencing Committee.

Signature

Date