



Statement of Agreement on Confidentiality

Name: _____

Address: _____

Email: _____

Purpose of Visit: _____

Would you like to receive email communications from casa Youth Shelter? YES NO

I, _____, as a guest, visitor or observer of Casa Youth Shelter agree to keep and maintain as confidential (secret) all identifying information regarding all non-staff members that I observe or encounter during my time at Casa Youth Shelter or, at any function of Casa Youth Shelter. In addition to maintaining confidentiality of their name(s) I will also not describe the recipients of services in anyway that would possibly lead to their identification through my descriptions. I will follow these guidelines in all papers that I write, oral reports that I give, or in any interaction where I share my experiences while at Casa Youth Shelter.

I understand that to violate the confidentiality of a recipient of service(s) of Casa Youth Shelter would be a violation of the basic ethical considerations. I also understand that if I am accused of violating the confidentiality of a recipient of services of Casa Youth Shelter I may be at risk of civil and or criminal sanctions. If I am representing a school during my visit to Casa Youth Shelter, a letter of concern will be sent to my college / university department chair.

I agree that if I have any confusion or concerns about what can be shared outside of the walls of Casa Youth Shelter, I will contact the Clinical or Executive Director of Casa Youth Shelter for clarification and direction.

Signature of Guest

Date

Signature of CYS Witness

Date

Note to Staff: Please give a copy of this completed form to visitor. All non-client visitors (other than police officers and social workers) that view any area of the shelter, not including the lobby, are to fill out this agreement. After completion, please place in the Clinical Director's mailbox in the Intake Office. Thank you.