



## **CONFIDENTIALITY AGREEMENT**

I understand that in my capacity with the Bexar County Office of Criminal Justice, I will have access to “Confidential Information. I understand that it is the responsibility of all Bexar County Office of Criminal Justice members, including employees, students and volunteers, to preserve and protect confidential client, employee and business information.

“Confidential Client Information” includes, but is not limited to, physical medical and psychiatric information of our clients, visual observation of clients receiving services, verbal information provided by or about a client, discussions and deliberations in regard to our clients, information received in regard to our clients, records created by the staff, information gathered by our staff, court personnel and law enforcement and any other private information.

“Confidential Employee and Business Information” includes, but is not limited to, employee home telephone numbers and addresses, spouse or other relative names, social security numbers, and any information obtained from the District or County Court’s records which if disclosed would constitute an unwarranted invasion of privacy or would cause harm to the Office of Criminal Justice.

This Confidential Information may be in written, verbal or in a computerized format. It is not necessary that the information be marked “Confidential.”

I understand that the protection of Confidential Information is vital to the interests of the Bexar County Office of Criminal Justice, our clients and the general public. In general, any Confidential Information may not be disclosed, absent specific consent. I understand that the law specifically protects medical, psychiatric and drug abuse records, and that the unauthorized release of such information may make me subject to legal action.

I understand that I am prohibited from releasing any information of a confidential nature to a third party. "Third parties" are persons outside the office who have no legal authorization or clearance for access to Confidential Information. I shall not, directly or indirectly, communicate orally, in writing, or by e-mail, any confidential information to any Third Party. I agree to discuss Confidential Information only in the work place and only for office related purposes and to not discuss such information outside the work place or within hearing of other persons who do not have a need to know about the information.

I also understand that I am not permitted to access any confidential information unless I have a specific, legitimate reason to do so and I have been clearly authorized by my supervisor. In addition, I understand that Confidential Information may only be released to Office of Criminal Justice members on a need to know bases. My supervisor will be able to specify personnel authorized such access to Confidential Information.

Furthermore, I will notify my supervisors anytime I am aware of a family member, personal friend or acquaintance accepting services as a client from any division of The Office of Criminal Justice so as to avoid any degree of impropriety, show of partiality and/or to prevent a conflict of interests. Additionally, I pledge to uphold the highest of professional and ethical standards while working as an intern with the Office of Criminal Justice.

Finally, I agree to maintain the confidentiality and privacy of Confidential Information during and after my period of holding my student or volunteer position with the Bexar County Office of Criminal Justice. I understand that students or volunteers who improperly use or release confidential information will be subject to immediate termination of his or her position.

I have reviewed and read this document. I understand its terms and it legal effect. My signature below signifies my agreement to comply with the above terms.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_