



**FAMILIES HELPING FAMILIES**  
— OF IOWA, INC. —

**CONFIDENTIALITY AGREEMENT**

I understand that I must maintain the privacy and confidentiality of any and all participant information. I understand that any and all Families Helping Families operations are confidential. I recognize the value and sensitivity of confidential information and understand that it is protected by law.

I agree to maintain standards of confidentiality, as it is required of my role here in providing services with Families Helping Families of Iowa.

I agree to keep all participant information confidential for an indefinite period of time, even after I am no longer affiliated with this organization.

These policies apply to volunteers and paid staff at Families Helping Families.

1. There may be times that a child, individual or family may share information with you that is personal and confidential. Your relationship with the child, individual or family, their situation and their personal affairs are privileged and confidential information.
2. Only talk in generalities about the child, individual or family. Do not talk about their personal lives, names, where they live, etc.
3. We want you to talk about the programs, benefits, or your pride in your service, but do not talk about specific persons, their homes, their problems, etc.

I agree to follow the Rules of Confidentiality. I understand failure to do so will result in immediate dismissal.

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

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

---

Staff Signature

Date