(This is a general template for use by Victim Assistance Programs and may be edited to be specific to your program)

**\_ County District Attorney’s Office**

**Victim Assistance Program Confidentiality Agreement**

**As a member of the Victim Assistance Program, I agree with the following statements. I will adhere to this policy at all times while representing the District Attorney’s Office and Victim Assistance Program.**

Confidentiality is protecting another person’s right to privacy and is vital for working with victims.

During my employment or volunteer experience with the District Attorney’s Victim Assistance Program I will have access to personal information about victims and defendants. I am responsible for the security of information that is disclosed to me and I need to maintain confidentiality to protect the personal information from unlawful or improper release. If I have questions about what I am able to tell others, I will ask my supervisor prior to providing any information.

I understand that records with personal information about colleagues, names or other identifying information about victims, business information, activities, files, reports, and/or documents are to be used only for intended purposes at work. (Information discussed in open court is not considered confidential.)

I hereby agree to regard all information received and discussed in my performance as an employee, intern, or volunteer as confidential.

I agree to maintain confidentiality with staff, volunteers and clients. I will not share confidential information with family, friends, acquaintances, or media. I further agree not to remove or make copies of any records, reports or documents without prior approval. I understand that release of confidential information to unauthorized persons could result in disciplinary action or termination.

I have read the confidentiality agreement and I agree to adhere to this policy. (Printed) Name:

Signature: Date:

Supervisor: Date: