



**Homeless Veterans Working Group
Volunteer Confidentiality
Agreement**

As part of the work with the Homeless Veterans Working Group, you may have access to view, update, or modify sensitive information about partners' clients and Task Force operation. You must treat this information as confidential and not share with anyone unless specifically authorized. OCPEH defines sensitive information as:

- Client names, nicknames, or any other identifying information
- Client address, location, or whereabouts
- Client personal finance information including social security numbers, financial data, or related info
- Client health information including information on medical conditions, treatment, or history
- Information on the OCPEH/Homeless Veterans Working Group plans and operations

All information collected, accessed, or viewed, as part of the OCPEH Homeless Veterans Working Group is to be treated as confidential in written, electronic, printed, and all other forms. Information is the property of the OCPEH and should not be released, shared, or discussed without prior authorization. This includes communication in any form with clients, co-workers, outside agencies, or any other party. In the event of you are unsure if information can be shared, DO NOT DISCLOSE INFORMATION. Contact your immediate supervisor or the Homeless Programs Coordinator at OCPEH to obtain approval. Unauthorized disclosure of OCPEH/Homeless Veterans Working Group information may result in disciplinary or legal action or may result in dismissal.

As a participant in the OCPEH's Homeless Veterans Working Group, I understand that I may have access to sensitive information as defined by OCPEH. I agree to maintain the security and confidentiality of client and related information. I will not disclose, share, publish, copy, or distribute any veteran information without express permission. I will not disclose or share my username or password to OCPEH's Homeless Veterans Working Group client notes, and will report any questions, issues, or suspicious activities to my supervisor or to the Homeless Programs Coordinator.

Name: _____ Date: _____ Signature: _____

Would you like to be added to the Homeless Veterans Working Group email list to receive meeting notices and meeting materials by email? YES NO

If yes, email address: _____