



## Central Texas Table of Grace Confidentiality Agreement

Central Texas Table of Grace recognizes that in the course of the operations, employees will have access to confidential, sensitive and privileged information. However, with each individual working in the shelter there is an expectation of trust relative to this information should employees come into contact with it. Employees must recognize the responsibilities in preserving this confidentiality of this information with appropriate conduct at all times.

It is the responsibility of every CTTG employee to know and abide by the following:

- You must not remove or cause to be removed copies of any official record or report from any file from the office where it is kept.
- You must not discuss any information you inadvertently obtain while employed at the shelter with anyone other than shelter staff and/or management at any time.
- You must not seek to benefit personally or permit others to benefit personally by any confidential information which has come to you as a result of your employment.
- When transporting information that is confidential, sensitive or privileged you must employ appropriate security measures to ensure the material remains protected.
- If, as an employee, you come into contact with or are provided information that is deemed to be of a sensitive and or confidential nature, by staff or members of the public, you are obligated to report this to management immediately.

I have read this confidentiality agreement and I understand its meaning as an employee of Central Texas Table of Grace. I agree to abide by the confidentiality agreement. I further understand that should I improperly release or disclose confidential, sensitive or privileged information or come into contact with such information and fail to report it to management that I will be found in violation of this agreement and management will immediately and permanently terminate my employment.

**(My signature indicates the above information was presented to me. I have had the opportunity to review the information and have my questions answered.)**

**Volunteer's Signature/Date** \_\_\_\_\_

**Volunteer's Printed Name** \_\_\_\_\_