



Policy Name:	Volunteer and Guest Policy for Youth Confidentiality	Date Revised:	9/2017
Purpose:	Confidentiality Guidelines for Volunteers and Guests	Board Approval:	9/2017

All individuals have a right to maintain their privacy, especially during challenging times. While visiting our programs you may witness something you would like to share with friends or family, or you may recognize one of our clients. However, we ask that you help us to maintain the privacy of the individuals and families we serve.

We ask that you agree not to divulge any information concerning any client without proper authorization in accordance with California Welfare and Institutions Code, Section 5328, et seq, and the Mental Health Department Policy and Procedures Manual, Section 235.

It is critical that information concerning our clients is not shared outside this agency without written parental consent except as waived by law. Greater New Beginnings Youth Services, Inc. strongly supports the federal safeguarding of clients rights to privacy. We appreciate our volunteers and guests cooperation in our efforts to ensure client confidentiality.

I have read and understand the above policy statement and agree to maintain confidentiality regarding our clients.

Signature

Date

Name



VOLUNTEER CHECKLIST

The following items will be reviewed and/or required by all volunteers to ensure compliancy and understanding of role.

- Statement of Good Health (including TB Clearance)
- Fingerprint Clearance (needed if Volunteer will be alone with residents)
- Criminal Record Statement (if working with residents)
- Statement acknowledging mandated reporting of abuse (if working with residents)
- Confidentiality/HIPAA Compliance
- Letter describing scope of volunteer work
- Dress Code
- Emergency Contact Information
- Statement of Population served (if working with residents)

Required (Y/N)	Date Received/Distributed	Volunteer Initials

Scope of work can include the following duties:

I, _____, have reviewed/completed the above information with an authorized staff member of Greater New Beginnings Youth Services, Inc. and I fully understand my role and responsibility as it relates to my volunteer service. I fully understand that I am not a compensated employee and as such will not receive any wages for the services performed.

Signature

Date