

# **CONFIDENTIALITY – CDS EMPLOYEE OR VOLUNTEER/INTERN ACKNOWLEDGEMENT FORM**

CDS Family & Behavioral Health Services, Inc.

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As an employee or volunteer/intern with CDS you are entrusted with people’s lives. You can never take this responsibility too seriously. CDS is committed to working with our participants in a helping relationship to the fullest extent possible. This means that total trust is placed in you by the participant(s) in terms of any information given to us.

To ensure that this trust is not violated you must always be mindful that information pertaining to the participants will not be given out to or discussed with anyone other than appropriate staff members of CDS. This is a very important part of our ethics and legal obligations to ensure corporate compliance.

CDS places a high value on the confidentiality of the information our participants share with us. It is also important to understand that CDS operates programs under Federal, State Statutes and the ethical standards of the National Association of Social Workers, which protect the handling of participant identifiable information.

Confidentiality has been defined as “accessible only to those authorized to have access” and this means within the limits of carrying out your CDS related duties and responsibilities. Federal Statutes provide for a fine to the individual who breaches confidentiality.

The confidential nature of CDS and its program involvement with participants cannot be stressed too frequently. You may hear, see or be asked to handle privileged and confidential information. Please remember to respect participant confidentiality at all times.

I have read, understand, and agree to comply with the contents of this form. I understand that failure to do so may result in corrective action up to and including termination.	
Signature:	Date: