



Confidentiality Agreement

I, (Printed Name) _____ understand that during the course of my employment or volunteer work with VSA Vermont, I may have access to Confidential Information, and I agree to these responsibilities. Confidential Information is defined as all nonpublic personal identifying information that is collected or maintained in written, oral or electronic format including but not limited to:

- Client/participant name, address, telephone, family, health (including disability), personal history and financial information
- Board, staff and volunteer name, address, family, health, personal history and financial information
- Partnering organization and business associate name, address, family, health, personal history and financial information
- Donor (or prospective donor) name, address, family, health, personal history and financial information including information gathered to aid in determining the appropriateness of solicitation and the level of a gift request; information about family member(s), employer(s) or place of business, copies of checks, credit cards or bank information; amounts and forms of solicited or actual donations; and any other nonpublic personal information provided

I will access, use and disclose Confidential Information only as authorized and needed to perform my assigned duties or as mandated by law.

Documents containing any confidential Information will be safeguarded and secured in a locked fashion (cabinet, desk, computer, phone, etc.) when not in immediate use and will be shredded upon disposal.

This Confidentiality Agreement covers my entire affiliation with VSA Vermont and any violation may result in disciplinary action up to and including termination of employment, volunteer services and/or any other affiliation. I understand that I am bound to this agreement and that it will continue indefinitely, including after termination of services or affiliation.

_____/_____
Signature /Date

_____/_____
VSA Supervisor, Position /Date