

# Confidentiality Agreement



I understand that St. Anna's Episcopal Church (hereafter "the Church") has a legal and ethical responsibility to safeguard the privacy and protect the confidentiality of information of all employees, volunteers, students, clients, parishioners or other persons (hereafter "Person") as well as operational data.

I understand that I may come into the possession of Confidential Information. I will act in the best interest of the Church and the person(s) involved, including, but not limited to:

- I will not disclose or discuss confidential or personal information of any Person with anyone who do not have a need to know, including friends and family.
- I will not discuss or disclose in any form identifying information including any reference to names, addresses, or other identifying, educational or health information.
- I will not discuss confidential or personal information where others can overhear the conversation.
- I will not photograph, audiotape, video or otherwise capture images or sounds of any Person with whom I work without prior permission from the Church and the clients. This is especially true of children.
- I will not post photographs, videos, audiotapes or other images or sounds of any Person with whom I work on social media without prior permission from the Church and the clients. This is especially true of children.

I agree that my obligations under this Agreement will continue after termination of my work, expiration of my contract, or my relationship ceases with the Church. Upon termination, I will immediately return any documents/media containing Confidential Information to the Church.

I understand that violation of this Agreement, whether intentional or unintentional, will be subject to disciplinary action up to and including termination and prosecution according to any applicable laws.

**Signature:** This Confidentiality Agreement may be executed by way of facsimile or email, with digital or electronic signatures, and if so, shall be considered an original.

By signing this document, I acknowledge that I have read this Agreement and agree to comply with all the terms and conditions stated above.

\_\_\_\_\_  
PRINTED Name of Volunteer

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**If under 18 years of age:**

\_\_\_\_\_  
PRINTED Name of Parent/Legal Guardian

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date