



CONFIDENTIALITY STATEMENT

Rainbow Place adheres to Maryland law protecting the confidentiality of its clients. During my employment/volunteer service at Rainbow Place, I agree to protect the identity and information about any client, obtaining legal written authorization by the client when necessary to share such information. I understand that client information is not protected under this law in situations when 911 must be called and information is needed in order for the emergency responder to provide intervention; or in the case we need to report child abuse as noted in the mandatory reporting law; or in the event an individual is in imminent danger of being harmed by the client.

I also agree to protect staff and volunteers by not disclosing personal information about others without their permission.

By signing below, I am certifying that I fully understand and agree to abide by the policies and procedures related to confidentiality.

Staff/Volunteer Signature

Date

Printed Name