

Childs name: _____ Site: _____

C o n f i d e n t i a l i t y P o l i c y F o r P a r e n t s A n d V o l u n t e e r s

In this program, parents are encouraged to openly share information about themselves and their family. To protect families, BBNA Head Start has a Confidentiality Policy.

The Confidentiality Policy

Parents shall be informed that all matters regarding their families will be kept in the strictest confidence by the BBNA Head Start staff, **except as otherwise required by law**. Parents shall be the only ones to authorize release of any information about their family to any agency or interested person. Parents shall sign a release of information form before any information can be released.

All staff shall be informed prior to beginning work and reminded regularly thereafter, that all information concerning an enrolled family is private and shall not be discussed with anyone outside of the BBNA staff without (authorized) parent permission, **except as otherwise required by law**. All documents, forms and files of information regarding all families in the program will be kept in a locked file cabinet when not in use by authorized staff. Staff that leave the employment of BBNA will be reminded that they remain bound by this confidentiality policy.

All Parents who serve as Volunteers, on Center Committees, or on the BBNA Head Start Policy Council shall be informed of the Confidentiality Policy and required to keep any information shared with them private.

I have read the above Confidentiality Policy. I understand it and promise to uphold it.

Primary

Parent Signature: _____ Date: _____

Written Name of Parent Signing: _____

Secondary

Parent Signature: _____ Date: _____

Written Name of Parent Signing: _____

Volunteer (includes PC Community Reps, Non-Parent Family Members, Other)

Volunteer Signature: _____ Date: _____

Written Name of Volunteer Signing: _____

(This policy is to be read and signed by all BBNA H.S. Parents, Volunteers, PC members and Center Committee officers.)