(This is a general template for use by Victim Assistance Programs and may be edited to be specific to your program)

_____County District Attorney's Office Victim Assistance Program Confidentiality Agreement

As a member of the Victim Assistance Program, I agree with the following statements. I will adhere to this policy at all times while representing the District Attorney's Office and Victim Assistance Program.

Confidentiality is protecting another person's right to privacy and is vital for working with victims.

During my employment or volunteer experience with the District Attorney's Victim Assistance Program I will have access to personal information about victims and defendants. I am responsible for the security of information that is disclosed to me and I need to maintain confidentiality to protect the personal information from unlawful or improper release. If I have questions about what I am able to tell others, I will ask my supervisor prior to providing any information.

I understand that records with personal information about colleagues, names or other identifying information about victims, business information, activities, files, reports, and/or documents are to be used only for intended purposes at work. (Information discussed in open court is not considered confidential.)

I hereby agree to regard all information received and discussed in my performance as an employee, intern, or volunteer as confidential.

I agree to maintain confidentiality with staff, volunteers and clients. I will not share confidential information with family, friends, acquaintances, or media. I further agree not to remove or make copies of any records, reports or documents without prior approval. I understand that release of confidential information to unauthorized persons could result in disciplinary action or termination.

I have read the confidentiality agreement	ent and I agree to adhere to this policy.	
(Printed) Name:		
Signature:	Date:	_
Supervisor:	Date:	