

All case information and case records are to be treated confidentially at all times.
“Protecting the rights of abused and neglected children”

Confidentiality of Case Information: All case information is to be kept in a safe and secure manner and is to be protected from breaches in confidentiality.

Scope: This policy applies to all CASA Volunteers, Employees, and Board members, as well as any other individual who signs a confidentiality agreement with CASA of East Tennessee, Inc. It includes written documents, verbal conversations, faxed documents, e-mail, telephone conversations and any other sources of information pertaining to cases assigned to CASA of East Tennessee, Inc. Each Court Order appointing CASA states:

CASA shall maintain all information received in a confidential manner to be disclosed only in summaries necessary for the benefit of the children and shall only be released to the Court or the Department of Children’s Services.

Policy: CASA of East Tennessee, Inc. volunteers will hold in confidence all case information. They will not violate the confidential relationships between CASA, its volunteers, related agencies, courts, and all parties interviewed. They will not remove from the office of CASA, without expressed permission, any written records. All CASA of East Tennessee, Inc. employees, Board Members, and Volunteers must receive training in this policy and sign and receive a copy of the policy at the time of their initial contact with this agency or at the implementation of the policy if their service or contact precedes its implementation.

Acknowledgment: I have received training on, and understand the law and the CASA of East Tennessee, Inc. policy pertaining to confidentiality and agree to follow that policy. I acknowledge full responsibility for maintaining the confidential and private nature of all records and information in my possession, whether in my home, automobile, or any other location. I understand that I am personally responsible and liable for any violation of this policy. I acknowledge receipt of a copy of this policy.

Name (Please Print): _____

Signature: _____

Date: _____

Witness Signature: _____

Date: _____