## STATEMENT OF CONFIDENTIALITY:

## ERIE COUNTY VICTIM/WITNESS ASSISTANCE PROGRAM, RAPE CRISIS PROGRAM, AND PROSECUTOR'S OFFICE

I, the undersigned, do hereby declare that I understand the principle of confidentiality will be strictly observed by both paid and volunteer staff members and all volunteer trainees.

## I therefore promise the following:

- I will not disclose the identity of any client of the Erie County Victim/Witness Assistance Program, Rape Crisis Program, and/or Prosecutor's Office to anyone, including other clients, without permission from the client as well as my supervisor.
- I will not disclose any personal information regarding clients, paid staff, volunteer staff members, and/or volunteer trainees of the Erie County Victim/Witness Assistance Program, Rape Crisis Program, and/or Prosecutor's Office without permission of the individual or authorization from my supervisor.
- I will not disclose any information regarding a client to any agency without the consent of the client, unless there is a demonstrated risk of harm to self or others.

I will not disclose any information regarding a client or a criminal case to the media.

I will maintain all client records in a secure area.

- I will treat as confidential any information I may receive regarding defendants and/or any other information that may be revealed to me through the course of my work.
- I will not visit, provide transportation to, exchange personal information with, or establish a personal relationship with any clients of the Erie County Victim/Witness Assistance Program, Rape Crisis Program, and/or Prosecutor's Office without authorization from my supervisor.
- I will be aware at all times that my personal opinions are my own but others may consider them to be official opinions of the Erie County Victim/Witness Program, Rape Crisis Program, and/or Prosecutor's Office. Therefore, I will make every effort to present and express myself as a representiative of the Erie County Victim/Witness Assistance Program, Rape Crisis Program, and Prosecutor's Office.
- I will take all precautions to ensure and maintain the confidentiality of information transmitted to other parties via facsimile machines, telephones, answering machines, cellular phones and other electronic or computer technology.

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In the event of my withdrawal or resignation, I will not disclose confidential information received during my involvement with the Erie County Victim/Witness Assistance Program, Rape Crisis Program, and/or Prosecutor's Office.

I further agree to release the Erie County Victim/Witness Assistance Program, Rape Crisis Program, and Prosecutor's Office from responsibility or liability arising out of my violation of this statement.

Violation of this statement shall be cause for suspension and/or dismissal.

Signature of Employee, Volunteer Staff Member, or Trainee	Date
Signature of Supervisor	Date
Signature of Supervisor	Date

To be signed annually