

Allentown Mentoring Enrichment Network

STAFF AGREEMENT

- I, _____ and being an employee/volunteer of Allentown Mentoring Enrichment Network agree any information taken from an athlete record is privileged and confidential. In most instances, such information may not be released unless the person identified in the record provides written consent, or the release of information is otherwise permitted by law. I understand that I must not release information from reports, records, correspondence, and other documents, however acquired, containing medical or other confidential information, and that I may not release such information except in a manner authorized by law, such as in a statistical form that will not reveal the identity of an individual or with the written consent of the individual involved.
- I will keep all confidential files, including computer diskettes, in a locked file cabinet when not in use.
- When I am working on a confidential file, I will "lock up" the information when I leave my workstation for lunch, meetings, or for the day. I understand that to "lock up" the information includes *logging off my computer*, not merely saving and closing the confidential file.
- I will keep any confidential files I work with out of the view of unauthorized persons.
- I will not discuss confidential information with people who are not authorized, and/or who do not have a need to know the information.
- When I work with files that contain personal identifiers, I will log off my computer when I am not actively using the file.
- I will conduct telephone conversations and/or conferences that require the identification of athletes by name, in secure areas where the conversation or conference will not be overheard or seen.
- To protect confidentiality, I will not discuss the facts contained in confidential documents in a social setting.
- When transporting information that is privileged, confidential, or private, I will employ appropriate security measures to ensure the material remains protected.

Signature:

Print Employee/Volunteer Name-_____ Date_____

Employee/ Volunteer Signature:_____