



Broome County District Attorney's Office Operation SAFE – Confidentiality Agreement

This is to certify that I, _____, a volunteer for the Operation SAFE Program, understand that any information (written, verbal or otherwise) obtained during the performance of my duties must remain confidential including, but not limited to, all information pertaining to program participants and their families, treatment facilities, and members of the Broome County District Attorney's Office.

I understand that any unauthorized release of this confidential information is considered a breach of the duty to maintain confidentiality and a possible breach of state or federal law.

I further understand that any breach of the duty to maintain confidentiality may be grounds for immediate dismissal from the Operation SAFE Program and/or possible legal action arising out of such breach.

I agree that there if there is any exchange of contact information (phone numbers, email addresses, physical addresses, etc.) with the program participant; this will be done only with mutual agreement between the program participant and the volunteer.

I further agree that any scheduled contact with the program participant outside of Operation SAFE and/or the Broome County District Attorney's Office is a personal decision and will not be inclusive in any part of the Operation SAFE program.

Volunteer

Date: _____