



SAFE PASSAGE INITIATIVE

POLICE GIVING ADDICTS HOPE THROUGH THE TOOLS FOR RECOVERY

Volunteer GUIDE Pledge of Confidentiality

This is to certify that I, _____, a volunteer GUIDE for the Safe Passage Initiative, 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 participant, families, members of the Dixon Police Department / Lee County Sheriffs Department, employees of Katherine Shaw Bethea Hospital, and/or other associated organizations.

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 GUIDE 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 GUIDE.

I further agree that any scheduled contact with the program participant outside of Katherine Shaw Bethea hospital or the Dixon police department / Lee County Sheriffs Department is a personal decision and will not be inclusive in any part of the GUIDE program.

Signature of Volunteer GUIDE

Date

Signature of Witness



Dixon Police Department / Lee County Sheriffs Department

