

SOAR Collaborative Confidentiality Agreement

As part of the work with the SOAR Collaborative, you may have access to view, update, or modify sensitive information about partners' clients and Collaborative operation. You must treat this information as confidential and not share with anyone unless specifically authorized. The Orange County Partnership to End Homelessness (OCPEH) defines sensitive information as:

- Client names, nicknames, or any other identifying information
- Client address, location, or whereabouts
- Client personal finance information including social security numbers, financial data, or related info
- Client health information including information on medical conditions, treatment, or history

All information collected, accessed, or viewed, as your work with the SOAR Collaborative is to be treated as confidential in written, electronic, printed, and all other forms. Information is the property of the OCPEH and should not be released, shared, or discussed, without prior authorization. This includes communication in any form with clients, co-workers, outside agencies, or any other party. In the event that you are unsure if information can be shared, **DO NOT DISCLOSE INFORMATION**. Contact your immediate supervisor or the Homeless Programs Coordinator at OCPEH to obtain approval.

Unauthorized disclosure of OCPEH/SOAR Collaborative information may result in disciplinary or legal action or may result in dismissal.

As a participant in the OCPEH's SOAR Collaborative, I understand that I may have access to sensitive information as defined by OCPEH. I agree to maintain the security and confidentiality of client and related SOAR Collaborative information. I will not disclose, share, publish, copy, or distribute any SOAR Collaborative information without express permission. I will not disclose or share access information or passwords to OCPEH's SOAR Collaborative client information, and will report any questions, issues, or suspicious activities to my supervisor or to the Homeless Programs Coordinator.

Name: _____ Date: _____ Signature: _____

Would you like to be added to the SOAR Collaborative email group to receive meeting notices and materials by email and general notifications?

YES NO

If yes, email address: _____