



## VOLUNTEER CONFIDENTIALITY AGREEMENT

**Purpose:** This is form is used to record the volunteer’s agreement to keep all client information confidential.

**Directions:** To complete this form the volunteer reads the information and signs his or her name. For questions, contact the [Volunteer Coordinator](#).

### CONFIDENTIALITY STATEMENT

As a volunteer for the Texas Department of Family and Protective Services, I understand:

- I am not permitted to take or share photographs of DFPS clients, unless otherwise approved by DFPS;
- Any information, including client identities and case details, obtained while I am volunteering with DFPS must not be discussed or disclosed to any person, other than current DFPS employees and volunteers, and then only on a strict need-to-know basis within the scope of the volunteer placement.

I also UNDERSTAND the disclosure of confidential information may be considered a violation of law subject to criminal penalty under both the Texas Open Records Act, §552.352 Government Code and/or §40.005(e) Human Resources Code

### PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

### SIGNATURES

I have read this confidentiality statement fully, I understand what it means, and I am signing it freely and voluntarily.

Signature of Volunteer:

X

Date Signed:

Printed Name of Volunteer:

X

Date Signed: