

CONFIDENTIALITY AGREEMENT

Mrs. Smith, as a resident of the Any Town Housing Authority's Beech Gardens and a participant in the Resident Opportunity program it is important for you to know that Any Town Housing Authority, and its employees, will protect your right to confidentiality. Confidentiality means protecting another person's right to privacy.

In order for residents to have trust in the relationship with the Resident Service Coordinator at Any Town's Beech Gardens, it is important for you to know that the information you share with the Resident Service Coordinator **will not** be communicated to anyone without your written release.

A Release of Confidential Information form is used to obtain your permission. A signed form allows the Resident Service Coordinator to discuss your service needs and desires with specific community service providers, family members, physicians, and other individuals in order to link you to programs and services that may benefit you.

As your Resident Service Coordinator, I agree to protect your right to privacy and confidentiality within the ethical and legal limitations of my position and profession. The ethical and/or legal limitations to my promise of confidentiality include:

- **Adult Protection Services:** I am legally and/or ethically obligated to report adults with disabilities who have been subjected to physical abuse, neglect, or exploitation or who are living in hazardous conditions to the Disabled Persons Protection Commission. Likewise, I am legally and ethically obligated to report elder abuse and/or neglect to Protective Services and/or Executive Office of Elder Affairs.
- **Child Protection Services:** I am obligated to report suspected child abuse and/or neglect to Department of Social Services.
- **Police Department:** If I believe a child or elder is in imminent danger, I am obligated to report this to the local police department.
- **Courts:** I may be required by law in a court action to reveal information shared with me or contained within my resident files.
- **Housing Authority:** I have a responsibility to the Any Town Housing Authority, as my employer, and to the community to report lease violations that come to my attention in the course of my duties.

Resident Service Coordinator _____ Date _____

I have read and understand this agreement.

Resident Signature _____ Date _____