Habitat for Humanity®
of St. Joseph County, Michigan

Building STRENGTH, STABILITY, & SELF-RELIANCE through SHELTER

Confidentiality Agreement

It is essential that anyone affiliated with Habitat for Humanity of St. Joseph County, MI (HFHSJCMI board, staff and committee members) commit to preserve the security and privacy of confidential information regarding all associates who have entrusted HFHSJCMI with personal information. Associates include but are not limited to staff, volunteers, donors, and participants in HFHSJCMI programs.

This requires that you respect the privacy rights of HFHSJCMI Associates, and create a level of trust so they can enjoy their relationship with the organization.

1. Partner Families:
    a. Do not disclose the name and\or identity of HFHSJCMI program participants to anyone outside of the organization unless a release has been signed; and specific permission requested for each instance where personal information will be given to an outside entity.
    b. Only discuss information regarding program participants to within the organization to authorized HFHSJCMI affiliates who have a direct need to know to progress a participants services within the organization.
    c. Do not discuss or share information about HFHSJCMI program participants in public places.
2. All Associates:
    a. Do not share an associate's confidential or identifying information to anyone not specifically authorized to have that information.
    b. Handle inquiries from outside entities regarding all associates by referring them to the board president, committee chair or executive director.
    c. Maintain all confidential Associate information in secure locked storage.

I understand these requirements, and agree to hold all confidential information obtained in the course of my service to Habitat for Humanity of St. Joseph County, Michigan in the strictest confidence and security. I will respect the right to privacy of all HFHSJCMI associates. I will not inappropriately disclose, discuss or mishandle any information regarding HFHSJCMI associates.

Printed Name _____

Signed _____

Dated _____