



COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) Volunteer Confidentiality Agreement

For More Information Contact:

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I understand that as a volunteer, I may have access to confidential information about the participants that utilize _____ (*Distributing Agency*). I understand that any information that I learn about a participant is confidential and that information about a participant cannot be disclosed to anyone. I understand the law provides for the possible civil and criminal penalties for disclosure of confidential participant information.

This includes information I receive whether obtained either verbally or written by:

- (*Distributing Agency*)
- Direct contact with participants and families
- The Idaho Foodbank

Any of this information is to be held in strict confidence in order to protect the rights of all participants and families. I recognize that the disclosure of such information by me may cause irreparable harm to the family and _____ (*Distributing Agency*) and that accordingly, the family may seek any legal remedies against me which may be available.

I agree that I will not:

- Reveal to anyone the name or identity of a participant.
- Repeat to anyone any statements or communications made by or about the participant.
- Reveal to anyone any information that I learn about the participant as a result of discussions with others providing support to the participant.
- Write or publish any articles, papers, stories or other written materials which will contain the names of any participant or information from which the names or identities of any participant can be discerned. If a paper is written about my volunteer work here, I agree that I will submit it to _____ (*Distributing Agency*) for approval.

I hereby agree by signing below that I have read this document, fully understand its meaning and promise to adhere to the confidentiality agreement described above.

Date: _____/_____/_____ Printed Name of Volunteer: _____

Signature: _____

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