

## OATH OF CONFIDENTIALITY

**The following oath shall be taken by all paid staff, volunteers, and visitors to Alaska Family Services:**

The undersigned certifies not to divulge, publish or otherwise make known to any unauthorized third party, orally or in writing, any information obtained from or on behalf of a client of Alaska Family Services who has a direct and responsible duty or service to render on behalf of a client, unless (1) properly consented to in writing by the client, or (2) unless required to do so by appropriate federal or state law or regulation, or (3) unless it relates to child abuse which must be reported under government regulations, or (4) relates to a crime that is proposed to be committed in the future. The undersigned acknowledges that he/she may rely with acquittance upon the instruction or advice of the Executive Director or his/her designated agent as to whether disclosures of client records or information should or should not be disclosed.

The undersigned further acknowledges that an unauthorized disclosure of client information or records may subject the undersigned to a civil action for damages of \$1,000.00 or three times the amount of actual damages sustained by a willful release of confidential information under government regulations, or criminal prosecution, both state and federal, in an amount of not more than \$500.00 in the case of first offense and not more than \$5,000.00 in the case of each subsequent offense.

Nothing contained herein shall be construed to require a licensed physician, lawyer or clergyman to violate the status of professional code of conduct relating to his profession.

**Dated** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

Check One:

\_\_\_\_\_ Staff

\_\_\_\_\_ Volunteer

\_\_\_\_\_ Visitor

\_\_\_\_\_ Board Member

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Telephone: ( ) \_\_\_\_\_

