



## TRAIL OF JOHNSON COUNTY PRIVACY POLICY

I understand that all information related to TRAIL services (i.e., protected health information, sensitive business information and personal employee and volunteer information) is strictly confidential and I will abide by the organization's policies and procedures related to privacy. I understand that all member and volunteer information, sensitive business information, and personal employee and volunteer information including written records, information accessed by computer, and conversations, is considered private and protected information and must be kept confidential. This means I will not provide anyone outside of TRAIL with information regarding TRAIL member and volunteer information, sensitive business information, and personal employee information, and that when information is shared within TRAIL, it will be done privately with only those who have a **need to know**, and only with TRAIL staff and volunteers who require the information to ensure appropriate services. Member information should not be shared outside the organization.

I understand that any TRAIL documentation or paperwork kept in my possession is to be maintained in a secure manner, which protects the privacy of our members, volunteers, employees, vendors, and other stakeholders. When no longer needed, I will return or dispose of such materials and information in accordance with the organization's policies and procedures.

I understand that I will keep in confidence all member and volunteer information, sensitive business information, and personal employee and volunteer information.

My signature verifies my agreement with this statement. I understand that failure to uphold TRAIL's privacy practices and policies may result in disciplinary action being taken.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (handwritten/printed and legible, please!)

Organization Affiliation

\_\_\_\_ Employee

\_\_\_\_ Volunteer

\_\_\_\_ Other: \_\_\_\_\_