



## Division of Children and Family Services

P.O. Box 1437, Slot S-560 · Little Rock, AR 72203-1437  
501-682-8772 · Fax: 501-682-6968 · TDD: 501-682-1442



### Confidentiality Statement for DCFS Volunteer

I \_\_\_\_\_, understand that certain confidential data and/or other information owned by the Arkansas Department of Human Services (DHS) may be directly disclosed to me as a Volunteer for the Division of Children and Family Services or that I may otherwise have access to confidential data and/or other information owned by DHS. This confidential data and/or other information is defined as any protected health information or data element and also includes any file, document, manuscript, table, chart, study, report, etc.

I \_\_\_\_\_, understand that I may not disclose in any manner, any of the data or other information I obtain and/or view, except for the purposes of performing my volunteer duties. I understand that I may not disclose this information to my friends or family, nor use the information for any personal, commercial, or political use.

I \_\_\_\_\_, agree to not use or further disclose the confidential data and/or other information except as permitted by the DHS Division of Children and Family Services (DCFS), or as otherwise required by law. I agree to use appropriate safeguards to protect the confidential data and/or other information from misuse or inappropriate disclosure and shall prevent any use or disclosure of the confidential data and/or other information except as permitted by DCFS. I shall not attempt to identify the individuals to whom the confidential data and/or other information pertains, or attempt to contact such individuals.

I \_\_\_\_\_, further understand that the data and/or other information is confidential and is protected by federal and state laws, and that if I improperly use or disclose this confidential data and/or other information, I may be subject to prosecution, fines, imprisonment, or other sanctions permissible under state and federal law and regulation as well as DHS Policy. I understand and agree that I will be liable for any damages resulting from my disclosure of the confidential data and/or other information and that any wrongful disclosure will result in immediate discontinuation of my access to the data and possibly immediate termination as a volunteer with DHS DCFS.

I \_\_\_\_\_, have read this entire statement and understand that the confidential data and/or other information must be used only for the specific purpose set forth in this agreement and in accordance with DCFS and that use of this information for any other purpose is strictly prohibited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or typed name and title