



LOCKPORT CARE NET PREGNANCY CENTER CONFIDENTIALITY POLICY

Confidentiality is one of the most essential components of the care that pregnancy centers offer clients. Upholding confidentiality is critical to building and maintaining client trust.

The confidentiality policy will be rigorously enforced since it is promised to clients through advertising and direct communication.

Confidentiality can be broken only in the following instances:

With the clients written permission

When there is a subpoena or court order

- Morally compelling circumstances such as a minor being physically or sexually abused (or is abusing a minor), or when the client is at risk of harming themselves (suicidal) or others must be reported to the Director.
- * All above action must be taken through the LCPC Director.

Confidential information is shared only with persons within the Center who have a legitimate need to know, for example the Director or Counselor Supervisor. Prayer

requests made for clients are to be generic in nature and contain no identifying details.

Volunteers will not discuss identifying details of client cases with each other. (Unless both counselors are working with the client together)

Client information is not to be given over the phone to anyone unless written permission from the client has been obtained.

(This includes parents, boyfriends, medical personnel etc.)

Center staff will not identify themselves when leaving messages for clients unless given specific permission to do so.

If a client knows a staff member, that client should be assured of confidentiality and availability of other counselors.

Center files and information that reveal the identity of clients should be kept in a locked and secure area. Files should not leave the center.

Due to the extreme liability to the center in regard to the confidentiality promise to our clients, anyone disregarding this policy will be required to resign.

I hereby pledge that all information, both client and financial supporter information, will remain confidential. I understand that if I break my pledge, I will no longer be permitted to work, volunteer or in any way be affiliated with the Lockport Crisis Pregnancy Center, Inc. DBA Lockport Care Net Pregnancy Center. In addition, I agree to keep all above stated information confidential when I am no longer affiliated with Lockport Care Net Pregnancy Center.

Volunteer/Employee _____ Date _____

4/10/2004