

# ROMAN CATHOLIC DIOCESE OF ORANGE



## SPECIAL NEEDS MINISTRY CONFIDENTIALITY STATEMENT

I, \_\_\_\_\_ understand that while performing my duties

I may have access to protected IEP/Intake information. I understand that:

Protected IEP/Intake information is individually identifiable information that is created, maintained or used within the Diocese.

Protected IEP/Intake information is not available to the public.

Special precautions are necessary to protect this type of information.

### **I agree to:**

Access or use the IEP/Intake information only for the purpose of performing my duties.

Never discuss or disclose IEP/Intake information to or with anyone who does not have the authority.

Always store protected IEP/Intake information in a place physically secure from access by unauthorized persons.

Dispose of protected IEP/Intake information by utilizing an approved method of destruction, which includes shredding or burning. I will not dispose of such information in a wastebasket or recycle bin.

I certify that I have read and understand the Confidentiality Statement printed above.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_