



CHINO VALLEY
UNIFIED SCHOOL DISTRICT

Student Achievement • Safe Schools • Positive School Climate
Humility • Civility • Service



Chino Valley Unified School District HOPE Family Resource Center CLIENT CONFIDENTIALITY POLICY AND LIMITATIONS

The CVUSD HOPE Family Resource Center maintains a policy of respecting a family's right to privacy and confidentiality. In an effort to achieve this, we keep client records in locked files and we share information only on a need-to-know basis with appropriate staff, consultants and other authorized professionals.

We use confidential information to assess the needs you, your children or other family members might have and work cooperatively on your behalf with other agencies with which you allow us to share information.

California law requires all staff to share confidential information about you and your children *without your permission under the following circumstances:*

- If we have any reason to believe any child, elderly or dependent adult is being abused or neglected, we are required, by law, to report the suspected abuse or neglect to the Department of Social Services Child Protective Services or to Adult Protective Services.
- If we determine that you are a danger to yourself or others, our staff has a legal responsibility to breach your confidentiality to ensure the safety of the individual(s) at risk, including yourself.

To better support my student, I understand that his/her grades and attendance will be reviewed periodically throughout this school year by program staff. _____ *Initials*

Given the recent developments of COVID-19 in San Bernardino County, I consent to case management services provided via telecommunication. I understand that "telecommunication" includes using interactive audio, video, or data communications. I understand that telecommunication also involves the sharing of my personal information both orally and visually to the HOPE Family Resource Center. _____ *Initials*

I hereby authorize the exchange of any pertinent information between CVUSD personnel, any outside agency and the program case manager.

My signature indicates that I have read, understood and agree to comply with the program's policy on confidentiality and its limitations and have received a copy of this document. A photocopy of this document is as valid as the original.

SIGNATURE: _____ DATE: _____
Client- Parent or Guardian

Print Name

By checking this box, I the Case Manager, certify that the above client was provided a copy of this Policy and agreed verbally to it's terms although he/she is unable to provide digital signature.

SIGNATURE: _____ DATE: _____
Case Manager

Note: The following information is collected for the purpose of service coordination and program evaluation and will be kept confidential. revised 3/17/20