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**CONFIDENTIALITY POLICY AND CONSENT FORM**

(To be read to all clients and attached to each Case History form)

All information requested by the program is gathered and maintained with strict respect for the confidentiality of our clients, whether the client contact is made during or after working hours. Intake, exams, counseling and follow-up are conducted in a confidential manner. All client files are maintained in secure, locked areas. Client medical records and case documentation may be shared between caseworkers, but any outside requests for information must pass through the Project Coordinator.

The Program Coordinator may release general program statistics with all confidential information (name, DOB, address, card #) removed.

The confidentiality policy does not apply if the client poses a direct threat to self or others (i.e. threats to injure staff or others, suicide, etc.), but in this case, only relevant information will be shared.

The confidentiality policy does not exclude releases of information to the authorities. However, ARC staff *must* provide information to Guinean authorities requesting medical reports through the use of the administrative form “de la part de la loi.” In the event that the Guinean authorities make such a request, the caseworker must share relevant case information with UNHCR Protection. ARC is also required to report cases involving minors to UNHCR.

No other release of confidential information is authorized, with the exception of the following:

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**CONSENT TO RELEASE CONFIDENTIAL INFORMATION**

I wish to release the following information about my situation (e.g., history of incident, medical history or findings, name, age, address, parents/guardians names, DOB, major complaints/concerns, actions taken, assistance requested, etc.):

I wish to release the information to the following sources (e.g., referral source, CVT, UNHCR Protection, Guinean authorities, IRC/GBV, specific individuals):

I have voluntarily agreed to release this information to these designated agencies or individuals. I understand that ARC will only share the information agreed in this consent waiver with the designated parties or as described in the Confidentiality Policy.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_