



Light Center Foundation, Inc.

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CONFIDENTIALITY POLICY AND STATEMENT

The Light Center Foundation therapeutic and animal intervention programs wish to preserve the right of confidentiality for all individuals in its program. The staff shall keep confidential all medical, social, referral, personal, and financial information regarding a person and his/her family. Anyone who works or volunteers for, or provides services to the animal intervention programs shall be bound by this policy. This includes, but is not limited to:

- Full and part-time staff - Temporary employees - Volunteers
- Independent contractors - Board members
- Anyone participating in or connected with the program who could obtain this information either accidentally or intentionally.

Informed Consent Disclosure

Only parent(s), legal representatives or others defined by state law have authority to consent to disclosure of medical or sensitive information for infants and children under age 18.

Disclosure of information to outside agencies or individuals can only be given with the specific consent of the participant, parents or legal guardian.

Penalties for Unauthorized Disclosures

A breach of confidentiality could result in possible penalties, including but not limited to, reprimand, loss of certain job responsibilities, termination and/or criminal prosecution.

Confidentiality Statement

I understand and will observe the confidentiality policy of all Light Center Foundation programs and activities.

Signature _____ **Date:** _____

MEDIA RELEASE

The Light Center Foundation frequently uses photographs, recordings, and video material in which you or your child may be included for the following:

- Newsletters, Brochures, Cards, Mailings and News Coverage
- Videos and Presentations
- Web Sites
- Fundraisers, Grants, and Research
- Other

Please check one:

I CONSENT to and authorize the use and reproduction by the Light Center Foundation, Inc. of any and all photographs, recordings, and any other video material taken of me and/or the client for promotional material, educational activities, exhibitions or any other use for the benefit of the program.

I do NOT authorize the above mentioned media release. Initial: _____

Date: _____ **Signature of Parent or Guardian, or Participant if over 18:** _____