



Confidentiality Agreement

As a member of Yamhill County District Attorney's Office, I understand that I may have access to confidential information about people and other items related to law enforcement, prosecution and child support enforcement. By signing this statement, I am indicating my understanding of my responsibilities to maintain confidentiality and agree to the following:

- I understand that names and/or any other identifying information about anything learned at the Yamhill County District Attorney's Office is completely confidential.
- I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any information obtained in the course of this association with the Yamhill County District Attorney's Office that could identify the persons or subjects under investigation or prosecution or involvement with the child support office.
- I understand that all information about the Yamhill County District Attorney's Office obtained or accessed by me in the course of my work is confidential. I agree not to divulge or otherwise make known to unauthorized persons any of this information, unless specifically authorized to do so by Office protocol or by a supervisor acting in response to applicable law or court order.
- I understand that I am not to read information and records concerning investigations, prosecutions, or child support unless so directed, or any other confidential documents, nor ask questions of the Yamhill County District Attorney's Office employees for my own personal information, but only to the extent and for the purpose of performing my assigned duties.
- I agree to notify my supervisor immediately should I become aware of an actual breach of confidentiality or a situation which could potentially result in a breach, whether this be on my part or on the part of another person and
- I understand that a breach of confidentiality may be grounds for disciplinary action and may include termination of employment or volunteer status.

I, _____, acknowledge that I have read and will abide by this confidentiality agreement as a representative of the Yamhill County District Attorney's Office.

Signature	Name	Date
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Supervisor Signature	Name	Date
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