



City of Asotin

Phone: 509-243-4411

PO Box 517

121 Cleveland Street

Asotin WA 99402

Fax: 509-243-1223

Confidentiality Agreement

As a City of Asotin employee, I understand that I may have access to confidential information and records in files and databases such as court case files, the Judicial Information System, Whitcom Dispatch Center, Washington State Patrol, Employees of the Asotin County Jail, City of Asotin, County and City of Clarkton Police Officers and databases of other organizations. By signing this statement, I affirm my understanding of my responsibilities to maintain confidentiality and agree to the following:

1. I understand that court case files and automated databases contain confidential, as well as public, information.
2. I understand that I may access, read or handle confidential records to the extent required in, and for the purpose of, performing my assigned duties as an employee of the City of Asotin.
3. I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any confidential information obtained in the course of my employment with the City of Asotin. I understand that:
 - a. I may divulge confidential information to judicial officers and authorized City of Asotin employees as necessary to perform my job duties.
 - b. I may divulge confidential information to others only if specifically authorized to do so by statute, court rule, judicial policy, or court order.
 - c. Maintaining confidentiality includes not discussing confidential information outside of the workplace, or outside of my usual work area.
 - d. After I leave the employment of the City of Asotin, I may not divulge confidential information obtained during the course of my employment.
4. I agree to consult my supervisor on any questions I may have concerning whether particular information may be disclosed.
5. I understand that a breach of confidentiality may be grounds for disciplinary or legal action, and may include termination of employment.
6. 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.

Signature

Date

Printed Name

Authorization Of Access To Confidential Information

_____ has authorized access to confidential information and records.

Signature

Date

Printed Name