

# CONFIDENTIALITY OBLIGATION FOR VOLUNTEERS

IUS Student Psychological Counseling Center (SPCC)

Name: \_\_\_\_\_

ID Number: \_\_\_\_\_

Email / Phone: \_\_\_\_\_

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## 1) Purpose

This Agreement sets out the confidentiality, conduct, and authorization obligations of volunteers engaged at the IUS Student Psychological Counseling Center (SPCC).

## 2) Definitions

“Confidential Information” means any non-public information obtained through SPCC activities, including but not limited to: (a) personal data and identifying details of service users; (b) session notes, case files, assessments, or internal reports; (c) SPCC operational procedures, internal communications, schedules, forms, and protocols; (d) any other information designated confidential or that reasonably should be understood as confidential.

## 3) Confidentiality Obligations

The Volunteer shall:

- Non-disclosure. Keep all Confidential Information strictly confidential during and after the volunteer engagement; not disclose it to any person or entity without prior written authorization from the Center Manager (or designee).
- Limited use. Use Confidential Information solely for assigned volunteer duties; not for personal benefit or the benefit of third parties.
- Safeguards. Protect Confidential Information from unauthorized access, copying, loss, or misuse, including secure handling of paper/electronic records and devices.

## 4) Scope of Activities and Authorization

- Volunteers shall not offer, represent, or provide psychotherapy, counseling, diagnosis, assessment, testing, interpretation, treatment planning, crisis intervention, or any clinical/para-clinical procedure unless expressly authorized in writing by the Center Manager and performed under the direct supervision of an assigned clinician.

- Unless upgraded in writing, volunteer tasks are limited to non-clinical support (e.g., reception, scheduling, room preparation, workshop logistics, materials handling, basic information provision).
- Volunteers shall not present themselves as clinicians or independent providers and shall not solicit clients or give advice that could be construed as clinical guidance.

#### 5) Risk Disclosure and Escalation

If a student discloses risk (e.g., self-harm, harm to others, abuse/neglect), the Volunteer must immediately notify the supervising clinician and/or the SPCC Manager . Volunteers must not attempt independent intervention.

#### 6) Data Protection & Records

The Volunteer shall comply with IUS/SPCC data-protection rules, maintain secure passwords, avoid unapproved storage or transmission (e.g., personal email/messaging apps), and use SPCC-approved systems only. Creation, access, and retention of records must follow SPCC policies.

#### 7) Breach & Remedies

Any breach—intentional or negligent—of this Agreement constitutes misconduct and may result in immediate removal from duties, termination of volunteer status, notation in the volunteer record, and referral under university policies. The Volunteer may be liable for direct and consequential damages arising from the breach. SPCC/IUS reserve all legal and equitable remedies.

#### 8) Term & Survival

Obligations under Sections 3–7 survive the end of the volunteer engagement for an indefinite period.

#### 10) Acknowledgment

By signing below, the Volunteer confirms that they have read, understood, and agree to comply with this Agreement and all SPCC policies, including confidentiality, risk, and supervision protocols.

Signatures

Volunteer: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

SPCC Manager: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_