

Unit Order #4

RISK MANAGEMENT BUREAU - UNIT ORDER



"Mitigate Loss & Control Liability"



SUBJECT: CONFIDENTIALITY AGREEMENT

PURPOSE OF THE ORDER

To establish guidelines for the implementation and maintenance of a confidentiality agreement for all personnel working at Risk Management Bureau (RMB).

SCOPE OF ORDER

All personnel assigned to, or working on a temporary basis at Risk Management Bureau.

ORDER

Risk Management Bureau handles and maintains confidential information throughout its various units and operations. This confidential information can pertain to lawsuits, administrative and criminal investigations, and/or personnel matters. Often this information is protected by attorney-client confidentiality or right to access databases.

Due to access and exposure of this sensitive information, personnel assigned to and/or working at RMB shall sign the following confidentiality agreement form (form) prior to commencing work for/at RMB.

The form shall be completed and signed by each employee and a copy will be provided to the employee for their records. If the employee is assigned to RMB, the original shall be placed in the employee's personnel file. If the employee is on loan and/or assigned on a temporary basis, the original shall be sent to the employee's assigned unit to be placed in their personal file. For personnel not assigned to RMB, a copy shall be kept in a centralized file at RMB Operations

AGREEMENT OF CONFIDENTIALITY FORM RISK MANAGEMENT BUREAU

The undersigned understands and agrees that the information maintained by Risk Management Bureau (RMB) is of a confidential and sensitive nature. The undersigned agrees that they will exercise the utmost discretion and maintain the integrity of all information reviewed or created as a result of their assignment to the Risk Management Bureau. The undersigned further agrees that during and upon completion of their assignment at the RMB, the undersigned will not disclose any information obtained in their capacity at RMB for either professional or personal use outside any official Sheriff Department capacity.

Dated this _____ day of _____, 20____, at _____, California.

Declarant Signature

Witness Signature

Declarant Name (Print)

Witness Name (Print)

Declarant Employee Number

Witness Employee Number
