

Appendix F

DYA Confidentiality/Liability Agreement Form



Eddie Baza Calvo
Governor
Ray Tenorio
Lieutenant Governor

Department of Youth Affairs

Government of Guam
P.O. Box 23672
Barrigada, Guam 96921
Tel: (671)735-5010 Fax: (671)734-7536



Peter Alecxis Ada
Director
Krisinda C. Aguon
Deputy Director

CONFIDENTIALITY/LIABILITY AGREEMENT

I/We, _____, agree to keep all information confidential as it concerns a client's identity, personal information, treatment, and/or condition while in the programs of or providing services to the Department of Youth Affairs.

I/We also recognize and agree that as a condition in any educational or training program, research, evaluation of clinical operations pertinent to client care and/or record audits, to keep all information confidential that would expose the identity, personal information, treatment, and/or condition of any client while in the program of or providing services to the Department of Youth Affairs.

I/We understand and acknowledge that unauthorized release of confidential information, of any nature, may subject me/us to action by law under the provisions of both the Federal Government and Government of Guam Code and Privacy Act.

- As a: () Student at _____
- () Volunteer to _____ Division/Section
- () Government Official to the _____ Department or Agency
- () Visitor to _____ Division/Section for purpose of _____
- () Other: _____

Affiliated with the Department of Youth Affairs, with prior administrative approval, I/we understand that unauthorized release of confidential information may subject me/us to censure by the Department of Youth Affairs and the inability to be further involved with my/our association with the Department of Youth Affairs.

The Scope of Services or Purpose of Visit is/are presented as follows:

I/We also understand and agree that the Department of Youth Affairs will not be held liable for any incidents, illness, or injury incurred by or to me while in the program of or providing services to the Department of Youth Affairs.

Signature of Requestor _____ Date _____ Witness _____ Date _____

Department/Organization _____
Address: _____
In case of emergency, contact the following:
Name/Relationship _____

Phone Number: _____ Emergency Contact Number: _____

NOTE: Attach current police clearance and picture ID. Approval to remain valid for the duration of the event or services being rendered for no more than a period of one year.

// APPROVED // DISAPPROVED

Peter Alecxis Ada, Director Date _____
Department of Youth Affairs

Krisinda C. Aguon, Deputy Director Date _____
Department of Youth Affairs