

**City and County of San Francisco
Project Homeless Connect**



OATH OF CONFIDENTIALITY

The City and County of San Francisco respects the privacy and privacy rights of the people we serve.

I understand that:

1. The purpose of gathering and sharing private information between survey and service team members of the Homeless Project Connect is to improve housing and health outcomes for the clients served at Project Homeless Connect.
2. Sharing of personal client information will be limited to that which will help achieve this purpose.
3. The unauthorized release of any protected health information may make me subject to a civil action for damages. In addition, Federal and State laws protecting information relating to the provision of confidential patient information, including, but not limited to, mental health and substance abuse information may apply. These laws may have additional penalties, including criminal penalties.

PRINT NAME

SIGNATURE

(parent signature if under 18)

Dated

Reference:

- California Welfare and Institution Code, Section 5328, Chapter 3 commencing with Section 525 of Title 7 of Part 2 of the Code of Civil Procedure; and
- Title 9, California Administrative Code Section 942, Oath of Confidentiality

CONSENT TO PARTICIPATE AND RELEASE OF LIABILITY

I, _____ understand that I am participating in activities related to Project Homeless Connect by my own choice.

I agree to release the City and County of San Francisco from any liability for any injury or illness to me during my participation with Project Homeless Connect. I assume full responsibility for risk of bodily injury or property damage incurred by myself arising either directly or indirectly from participation in Project Homeless Connect, from any cause whatsoever, whether caused by the City's active or passive negligence or otherwise. However, I understand that if I am an employee of the City and County of San Francisco acting in the course and scope of my employment, I may be entitled to workers' compensation benefits if I am injured during my participation in Project Homeless Connect.

I understand this release extends to claims that I do not know or do not expect to exist at the time of the signing of this release and I hereby waive the protections of California Civil Code Section 1542.

I agree to indemnify, defend and hold harmless the City for any liability that may arise as a result of my criminal, willful or fraudulent acts or omissions that occur during my participation in Project Homeless Connect.

I agree to return all forms and data sheets to Project Homeless Connect staff upon completion of my participation in Project Homeless Connect.

Name (print)

Parent/Guardian if under 18

Signature

____ / ____ / ____