



Wyoming Guardian *ad Litem* Program

A DIVISION OF THE OFFICE OF THE STATE PUBLIC DEFENDER

PH. (307) 777-7480 FAX (307) 777-5331 WEBSITE: GAL.WYO.GOV

316 W 22ND ST. ROGERS BLDG.-BASEMENT CHEYENNE, WY 82002

ACKNOWLEDGEMENT TO MAINTAIN CONFIDENTIALITY OF CLIENT & CASE INFORMATION

All GAL Program Client information is strictly confidential, including the fact that the client is even a client.

All affiliates of the GAL Division, to include employees, contract staff, college externs, volunteers, state maintenance staff, ETS staff assigned to the Division, and other individuals acquired for services that are employed at other state agencies must always maintain client confidentiality and should always be cognizant of the GAL Division client's right to confidentiality. Clients or case information should never be discussed when outside of the Division offices or with anyone not currently employed, contracted, or acquired by the GAL Division. At no times shall the client-files or case-files or other client information be accessed by affiliates of the GAL Division not assigned to a GAL Division case unless required for consultation, maintenance, programming, or administrative support.

All affiliates of the GAL Division must be mindful of how client files and records are handled, stored, and discarded. All discarded material that includes client or case information must be destroyed via the office shredder. Client identifying information such as photos or letters should not be displayed in common work-areas accessible by other individuals of the general public. All affiliates of the GAL Division must be aware of where and how loudly a client or case is discussed, both in and out of the office. If there are clients or other members of the general public in the office they should not be able to hear or see information about other clients.

No individual except the GAL Division administrative staff, the GAL assigned to the case, or the previous attorney of record on the case shall have access to any client-files sent to the office for archiving, retention, or transfer without the signed written consent from the client.

Should an affiliate of the GAL Division become aware that someone they know personally is receiving services through the Program, they must remove themselves from any involvement with the case and inform the GAL Deputy immediately.

Any circumstance not clearly resolved via the instructions of this acknowledgement must be directed to the GAL Deputy immediately.

By signing this form you certify and acknowledge that you have received and read this document, are familiar with and understand its contents, and agree to comply with its terms as long as you are an affiliate of the GAL Division.

Name	Title	Signature	Date
------	-------	-----------	------

Matt Mead
Governor

Diane M. Lozano
State Public Defender

Dan Wilde
Deputy