

# Morris County Continuum of Care

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<https://www.morriscountynj.gov/Departments/Community-Behavioral-Health-Services/Continuum-of-Care>

## Executive Committee

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Center

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Services

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Housing Partnership

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Morris County Housing  
Authority

Rebecca Sherrod  
Child & Family  
Resources

## Morris County Continuum of Care Coordinated Entry Confidentiality Pledge

The Morris County Continuum of Care Coordinated Entry Case Conference is a collaborative of agencies working together to serve the needs of homeless individuals and families in Morris County with the expressed goal of ending homelessness in the community. In an effort to best serve the needs of individuals and families experiencing homelessness, the committee must share information about this population from time to time.

Participants of the Case Conferencing meetings may have access to discussed client information for the purpose of providing, evaluating, and monitoring services. Before being given access to this type of information, all Participants must agree to comply with this guarantee of confidentiality. Through this Confidentiality Pledge, each person who is discussed during the Case Conferences is assured that his/her name and physical image will be kept confidential by all Participants.

### Agreement

I understand the private nature of all client information discussed during Case Conferencing meetings. I understand that I am forbidden by law from sharing any information gathered under the terms of this agreement with anyone. I also understand and agree with the following:

1. This agreement to maintain confidentiality includes information from or about any person and their families discussed during the Case Conference meetings. I agree not to discuss any aspect of any individual's services or situation, with anyone other than Case Conference Participants unless I have received a properly signed informed consent from the client. I also agree that I will maintain client confidentiality after the meeting is completed.
2. I agree to act in a manner that will ensure the respect and confidence of all clients, families, and other persons.

By signing below, I agree that I have read and understand these guarantees. I understand that I am forbidden by the law and this agreement from sharing any confidential information that has been gathered during the Case Conference meetings or in circumstances where I have a signed informed consent. I understand that any purposeful and knowing sharing of information in violation of the Privacy Act of 1974 (5 U.S.C. 552a) is a crime and is punishable by a fine of up to \$5,000. I agree to live by the terms of this pledge of confidentiality.

\_\_\_\_\_  
Participant Name (*print*)

\_\_\_\_\_  
Affiliated Agency (*if applicable*)

\_\_\_\_\_  
Signature (*please sign in blue ink*)

\_\_\_\_\_  
Date