



National Alliance on Mental Illness

NAMI

Tennessee

HelpLine / WebMembership Confidentiality Agreement

Between NAMI TN and NAMI _____ [Local Affiliate]

Thank you for joining the NAMI Tennessee HelpLine/WebMembership database team. As part of our statewide network, you are a vital link to consumers, family members and local affiliate members who need our help. Because we hold information from callers and members in trust, we ask you to sign the following agreement:

Name Date

Address City State ZIP

Telephone (s) Email (s)

Initials:

_____ I understand that any information recorded on NAMI Tennessee helpline documents or contact information in the web membership database is confidential.

_____ I understand that any information I may become aware of by reading, hearing, sight or otherwise cannot be shared with any other person or entity except as specified by law.

_____ I understand and agree that any and all helpline or web membership information shall remain confidential even after my work or other interactions with NAMI Tennessee shall end.

Signature of Local Affiliate President Signature of Affiliate ___ Volunteer ___ Staff ___

Signature of NAMI TN Helpline and Web Membership Development Coordinator

HelpLine Login Information

User Name: _____ Password: _____

WebMembership Login Information

User Name: _____ Password: _____ Affiliate ID _____

Approval Procedure: The Affiliate President or Executive Director must approve the HelpLine/ WebMembership database team member. Said affiliate leader will then submit this signed form to the NAMI TN Assistant Administrator or Executive Director with a request for database access. The Assistant Administrator will notify the affiliate leader and database team member when access has been established.