



Sudanese American Medical Association

Confidentiality Policy for Employees, Volunteers and Board Members

Respecting the privacy of our clients, donors, members, staff, volunteers and of the Sudanese American Medical Association (SAMA) itself is a basic value of SAMA.

Personal and financial information of donors, employees, volunteers and any individuals and/or parties who conduct business with SAMA is confidential and should not be disclosed or discussed with anyone outside SAMA leadership without written authorization from the Executive Committee.


Given the nature of the current work environment (e.g. attending meetings in public places or working from home) extreme care shall be taken to ensure that confidential information is not exposed to or inadvertently shared with unauthorized individuals.

Employees, volunteers and board members of SAMA may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of SAMA that such information must be kept confidential both during and after employment or volunteer service.


Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal and in some cases lawsuits if deemed appropriate.

Approved in Board of Trustees Meeting on May 22, 2021

Signature  6/8/2021

Mohammed Elseed
Chair, Board of Trustees

DocuSigned by:  6/14/2021

Alawia Suliman
Vice Chair, Board of Trustees

SUDANESE AMERICAN MEDICAL ASSOCIATION



Sudanese American Medical Association

Certification

I have read SAMA's policy on confidentiality and the Statement of Confidentiality presented above.

I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with SAMA.

Signature _____ Name _____ Date _____

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