

[YOUR LETTERHEAD HERE]

Note: Organizations are welcome to adapt these sample materials to fit your needs and the work you do. You may change wording to match the language your organization prefers (e.g., survivor or service participant). Before using this template, be sure to remove all notes in yellow and replace [Program/Agency Name] with your organizational name.

Note: The purpose of this form is to ensure that all agencies in a co-located partnership with policies or legal obligations to maintain the confidentiality of client records and data, have clear agreements stipulating ownership of their paper files, hard drives or other devices that contain that confidential client data. Your program or agency is encouraged to list the specific computers, devices, and files/file cabinets that this agreement applies to within each numbered section.

Equipment Ownership Agreement

This agreement identifies the ownership of specific equipment used within the co-located partnership between [Non-Profit Program/Agency Name] and [Other Program/Agency Name].

As part of complying with our legal confidentiality obligations, [Non-Profit Program/Agency Name] will retain ownership of all of the following, both during the co-located partnership and after:

1. All client/survivor/victim information collected and maintained throughout the provision of all services provided;
2. The hard-drive of all computers and external backup drives ["including" optionally list specified computers and drives here] that are utilized by staff, volunteers, or contractors of [Non-Profit Program/Agency Name];
3. The hard-drive of all fax machines and copiers ["including" optionally list specified machines here] that are utilized by staff, volunteers, or contractors of [Non-Profit Program/Agency Name];
4. The filing cabinets and/or all content of filing cabinets ["including" optionally list here] that are utilized by staff, volunteers, or contractors of [Non-Profit Program/Agency Name];
5. Any recordings of voicemail messages left by individuals accessing or requesting services from [Non-Profit Program/Agency Name];
6. Any retained images or video recordings from security or evidence cameras used that capture individuals specifically requesting or accessing services from [Non-Profit Program/Agency Name];
7. [Add any other equipment where personally identifying information of survivors could be stored to ensure full ownership and responsible retention of that confidential information].

Signed and Dated:

[Non-Profit Program/Agency Name]

Date: _____

[Other Program/Agency Name]

Date: _____