

Confidentiality Oath for Circle of Security Exam

Basic to the maintenance of professional ethics is the Principle of Confidentiality. Families who have participated in the Circle of Security (COS) act in good faith, expecting their circumstances and personal matters to remain confidential, and we are obligated by law and ethics to reciprocate. The following are some guidelines concerning confidentiality and intellectual property rights that must be observed by all who take the COS exam.

1. Video of two COS assessments are entrusted to you for the sole purpose of taking the exam and must be returned with the exam. The video (DVD) cannot be copied or viewed by anyone else.
2. All rules of confidentiality apply to the DVD. Discussing the details of a child/family outside of Circle of Security clinical setting, even though names, addresses, and social security numbers are not revealed, is considered a breach of confidentiality. That is, one might possibly describe in detail, facts about the family and never mention who the person is or allude in any way to names or any type of descriptive type of data, and yet within the case reveal enough that the listener might possibly identify the family. The case must not be discussed with anyone even in the most generalized form
3. Even though the families on the DVD's have given permission for the video to be used for training the rules of confidentiality still apply. Any records made during the exam about the DVD are also considered confidential material and must be treated as such.
4. Circle of Security, the name and intellectual property rights, are trademarked and are solely owned by the co-originators of the Circle of Security. To use the name Circle of Security in any context requires the permission of the co-originators.
5. Once you pass the COS Assessment and Treatment Planning Exam you have the right to say that you are competent in COS Assessment and Treatment Planning, no other rights are granted. Therefore you cannot say that you are providing COS treatment, COS supervision, COS training, or any other professional service that you label as Circle of Security. Any such statement would be an infringement of the COS trademark.

I understand the above policy and agree to abide by the conditions of this policy.

Date: _____

Signed: _____

Print Name: _____

Organization: _____

Preferred Mailing Address: _____

Email/Phone _____

Location/Date of COS Course (s) Attended _____