

CONFIDENTIALITY STATEMENT OF AGREEMENT

I, _____, agree to adhere to the following policies of Family Promise of Indiana County, Inc. I understand the importance of confidentiality and the integral effect that confidentiality has on client and volunteer safety as well as the ability of the agency to best serve people that seek our services.

I agree to keep all guest information within the confines of the agency. Unless a guest has given Family Promise of Indiana County, Inc permission in writing to release information to a specific person or agency, I will discuss guests and cases only with other Family Promise of Indiana County, Inc. volunteers and staff and only if necessary and appropriate. I will never acknowledge that a person has or had contact with the agency.

I agree to keep personal information about other volunteers and staff confidential.

Donor information is common property of Family Promise of Indiana County, Inc. I am responsible for preserving the confidentiality of this information in order to preserve the trust of our constituents. Discretion will be used when reviewing or discussing donor-related information.

I understand that as a member of this agency, I may be privileged to information that is not public knowledge. I agree to respect the confidentiality of this information.

Signature

Date

Witness

Date