

Retired Senior Volunteer Program

“A program of Family & Community Services, Inc”

AGENCY CONFIDENTIALITY AGREEMENT

I, _____

Acknowledge that an agent Family & Community Services, Inc. has informed me of the agency’s policy and procedures regarding confidentiality, as well as the confidentiality laws which protect all clients of Family & Community Services, Inc. I further acknowledge that I have received and read aforementioned policies and procedures regarding client confidentiality.

With my signature, I am stating that I understand that Family & Community Services, Inc. expects me to obey these policies and procedures and the laws regarding client confidentiality, and that information inappropriately reviewed, taken or revealed to others may result in termination from the agency, when appropriate, and/or possible prosecution under civil or federal laws.

Employee/Intern/Volunteer Signature

Date

F & CS Agent/Director

Date

