



Confidentiality Agreement

Employee

Volunteer

Visitor

Name: _____
(please print)

My signature attests to my agreement to faithfully and carefully protect the confidentiality of all residents whom I may see at Safe Harbor Children's Center. I fully support the right of all residents to keep private the fact of their residence at Safe Harbor. I will not reveal to anyone the identity of any person living at the Center and I will not reveal any information regarding any resident.

(Signature)

(Date)

(Signature – witness)

(Date)