



**PEOPLE'S PLACE  
STATEMENT OF CONFIDENTIALITY FOR  
STAFF, VOLUNTEERS, AND INTERNS**

I, the undersigned agree to maintain the confidentiality of client, staff and agency information. Confidential information includes:

- \* Anything contained in the client/staff file.
- \* Any identifying client/staff information
- \* Any identifying information of former clients/staff.

I understand that I am responsible for securing any client, staff or agency information, written or electronic and that I must exercise care to prevent unauthorized access to that information.

I understand that only the client or authorized representative can give permission to disclose any information concerning their status as a client, and that such permission must be given in writing. I further understand that information may be released by order of the Court.

I agree that I must continue to maintain confidentiality even after I leave the agency's employ.

I understand that any breach shall be considered a violation of People's Place, Inc. policy concerning confidentiality and could be a violation of state and federal law.

\_\_\_\_\_  
Signature of Individual

\_\_\_\_\_  
Signature of Witness

Executed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.