

FAMILY JUSTICE CENTER CONFIDENTIALITY AGREEMENT

I, _____, understand that maintaining a client's
(name and position)
confidentiality is paramount to a client's safety.

I am required to keep clients' confidences and may not disclose (including to other project personnel) any information regarding a client without consent or otherwise permitted by law.

I will not discuss client matters in public spaces, including hallways or open offices and/or conference rooms at the FJC.

I will not publicly acknowledge a client without his/her express permission.

I will direct my questions regarding confidentiality to my immediate supervisor. If my supervisor is unavailable, I will direct my questions to the Director of the Family Justice Center.

I understand that a knowing and voluntary violation of the confidentiality policy can jeopardize my working relationship at the Family Justice Center.

Date

Signature of employee

Date

Signature of supervisor (if needed)

Date

Signature of witness