

**PROMISE PLACE
CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT FORM**

PRINT NAME: _____

During the course of your activity at Promise Place and its affiliates, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with Promise Place policies and procedures. In order for Promise Place to properly care for its clients certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to our clients/residents and Promise Place. Confidential information includes, but is not limited to:

1. Personal or medical information about clients/residents.
2. Personal or medical information about employees.
3. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of Promise Place which has not previously been released to the public at large by a duly authorized representative of Promise Place

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact the Promise Place at 770-461-3839.

1. I will only access information for which I have a legitimate business purpose.
2. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable policies and procedures of Promise Place.
3. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my employment/educational affiliation by Promise Place, or corrective action in conformance with current medical staff bylaws, rules and regulations.
4. I understand that it is a Federal offense to disclose the address of any safe shelter: therefore, I agree not to divulge at any time the location of the safe shelter known as Promise Place.
5. I understand and agree that the safety of residents, their children and our staff is dependent upon all of us maintaining strict confidentiality at all times.
6. Impermissible disclosure of confidential information about a person may result in legal action being taken against me by or on behalf of that person.
7. My confidentiality obligation shall continue indefinitely, including at all times after my association with Promise Place and its affiliates, such as termination of my employment or affiliation with Promise Place and its affiliates.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Volunteer Signature _____ Date _____

Print Name _____