

**Policy on Confidentially and Dissemination  
Of Information**

Given the nature of our work, it is imperative that we maintain confidentiality of information that we receive in the course of our work. AGENCY NAME prohibits the release of any information to anyone outside the organization. I understand that AGENCY NAME provides services that are private and confidential and that I am a crucial step in respecting the privacy rights. I understand that it is necessary, in the rendering of AGENCY NAME services, that team members and service recipients provide personal information. I understand that this information may exist in a variety of forms such as electronic, oral, written, or photographic and that all such information is strictly confidential and protected by federal and state laws, which prohibit its unauthorized use or disclosure.

I agree that I will comply with all confidentiality policies and procedures set in place by AGENCY NAME during my entire employment with AGENCY NAME. If I, at any time, knowingly or inadvertently breach the confidentiality policies and procedures, I agree to notify the CONTACT NAME FROM AGENCY immediately. In addition, I understand that the breach of confidentiality may result in suspension, other disciplinary action or termination of my employment at AGENCY NAME. Upon termination of my employment for any reason, or at any time upon request, I agree to return any and all confidential information in my possession.

I have read and understand all privacy policies and procedures that have been provided to me by AGENCY NAME. I agree to all conditions of my employment set forth in this agreement. This is not a contract of employment and does not alter the nature of the employment relationship between AG and me.

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Printed*  
*Name* \_\_\_\_\_

*Witnessed by* \_\_\_\_\_ *Date* \_\_\_\_\_