AGENCY NAME

AGENCY ADDRESS

# Client Confidentiality Agreement

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

**Client Confidentiality Policy:**

I understand that during the course of my involvement at AGENCY for services, I may learn facts about other individuals that are of a personal and confidential nature. I realize such facts may include, but are not limited to, conditions and treatments as well as HIV status, finances, living arrangements, sexual orientation, family situations, etc. I understand that all such information must be treated as completely confidential. I agree not to disclose information of a confidential nature to any other person(s).

\_\_\_\_\_\_\_\_\_\_ (Client Initials)

**Agency Confidentiality Policy:**

It is the policy of AGENCY that no information received in the capacity of the agency as staff members, board members, or volunteers shall be shared with any person outside the program. Staff and volunteers are required to keep all information related to clients completely confidential. Any client information will be kept in confidential files maintained by AGENCY. Records will only be available to staff and volunteers involved in providing client service. Information will not be given to other individuals and/or agencies without clients’ prior written consent.

\_\_\_\_\_\_\_\_\_\_ (Client Initials)

**Limits to Confidentiality:**

The administration of AGENCY will make every possible attempt to respect all clients’ confidentiality and individual freedom. However, AGENCY is required by law to report any instances of suspected abuse, neglect, suicidal tendencies, and expression of intent to do harm to the appropriate authorities in order to protect the safety of clients.

\_\_\_\_\_\_\_\_\_\_ (Client Initials)

**Non-adherence to this Agreement will result in the immediate termination of all services.**

By signing below, both the client and AGENCY indicate that there has been a discussion of the confidentiality policy. The client has been given a copy of this document and both the client and the AGENCY pledge to honor the confidentiality policy.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AGENCY Representative Signature Date**