



Confidentiality Agreement

I will respect and maintain the confidentiality of client identity and information.

I will respect and maintain the confidentiality of staff and volunteer identity and information.

I will only disclose the identity of a staff or volunteer with their permission.

I will maintain the confidentiality of the shelter location and respect the security of all Friends of the Family locations.

I understand that revealing information regarding the location of the shelter or identity of clients, staff, or volunteers could potentially put them in danger. The safety and well being of client, staff, and volunteers will be my primary concern.

I will notify the Executive Director of Friends of the Family immediately, during and after my affiliation with Friends of the Family, if I receive a court order regarding any agency records, other than my personal records, including but not limited to, program records, nonresidents, shelter center activities, or personnel issues.

I will continue to maintain this agreement even after my active affiliation with Friends of the Family has ended.

Signature

Date

Affiliation with Friends of the Family

Agency Representative

Date

P. O. Box 640, Denton, Texas 76202-0640

**Denton Outreach 940.387.5131 Metro 972.219.2829 Fax 940.383.1816
24 Hour Crisis Line – 940.382.7273 or 1.800.572.4031**