



Clear

CONFIDENTIALITY AGREEMENT

I understand and agree that all information as it relates to child abuse records and clientele are to be held confidential.

I further agree to treat any such information on clients that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

My signature below serves as an acknowledgement that I have received a copy of this document.

Date

Signature (Applicant One)

Date

Signature (Applicant Two)