

The Women's Advocacy Center Confidentiality Agreement

This is to certify that I, _____, as a client, contractor, employee, student, volunteer, support group participant, or Board member of The Women's Advocacy Center, understand that any information (written, verbal, or in any other form) obtained during the course of my involvement with the organization or the performance of any of my duties in one of the roles listed above, must remain confidential.

This includes all information about members, clients, families, employees, and other associate organizations, as well as any other information otherwise marked, identified, or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that my breach of my duty to maintain confidentiality could be grounds for immediate dismissal from employment, volunteer work, Board membership, or participation in the support group and/or possible liability in any legal action arising from such breach.

Signature of Relevant Party

Date