**Volunteer/ Staff Confidentiality Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that, as an employee or volunteer of Grace Horizons, I will have access to confidential information. Statutory laws and ethical guidelines require that ALL interactions with Grace Horizons’ Counseling Services remain confidential. Therefore, I agree to uphold and respect this policy and each client by avoiding disclosure of any information including ALL forms of communication concerning clients. I will safeguard all materials in my possession in order to protect information regarding the women we interact with and their families.

Any staff member who is found in violation of policies, regulations, or rules regarding the privacy and confidentiality of client information is subject to disciplinary action up to and including immediate termination in accordance with the Grace Horizons’ policies.

I have read, understood, and accepted the above statements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Signature of Volunteer/Employee Date**

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

 **Signature of Immediate Supervisor Date**

2/11/2022